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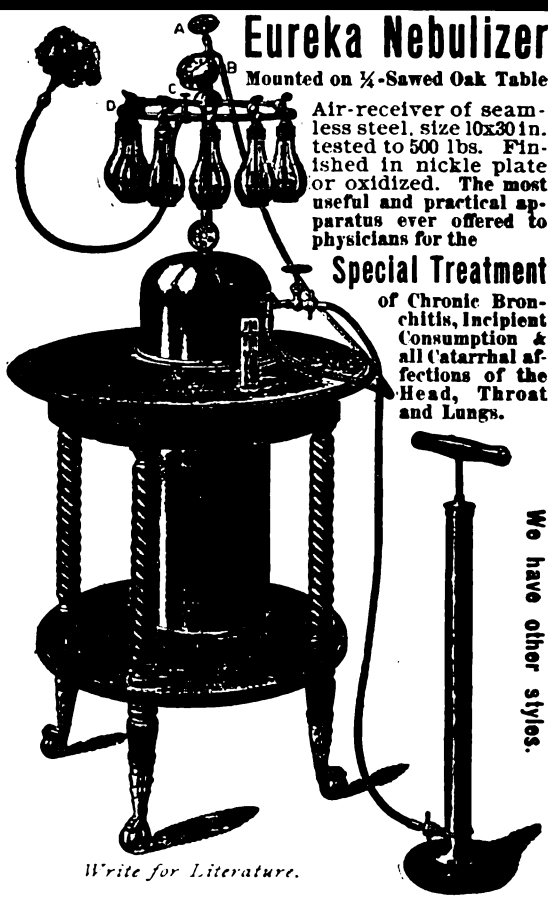

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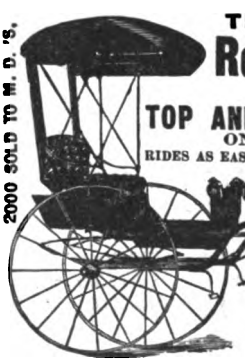

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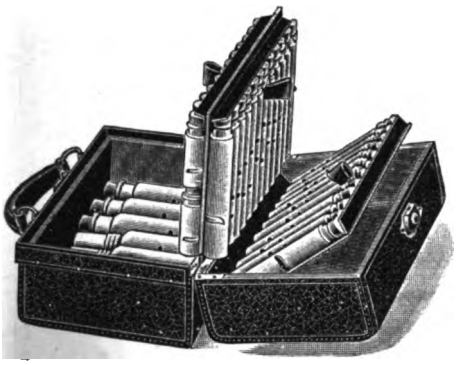

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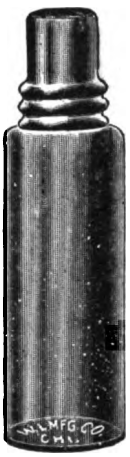

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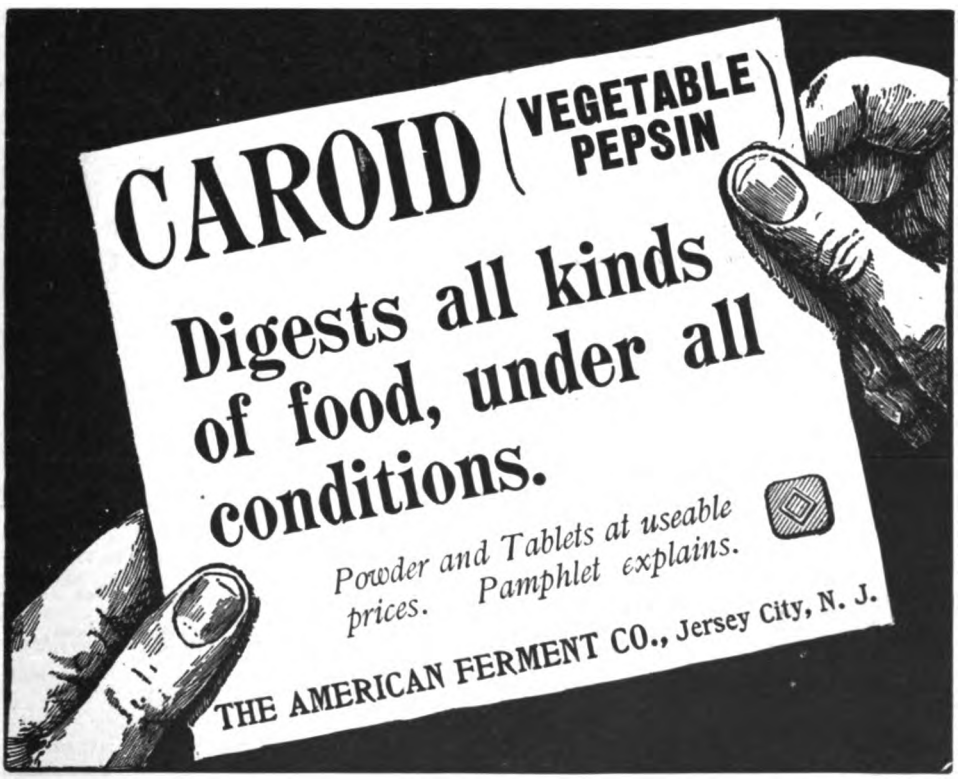
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Physicians' Club

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Monday, Nov. 28, 1898

Subject for Discussion: **"Sexual Hygiene"**

Chairman, Dr. John Milton Dodson

1 "The Effects of Genital Derangements and Malformations on Sexual Appetite" DR. C. S. BACON.

2 "The Psychical Correlation of Sexual Desire, Love and Religious Emotion." DR. GEORGE F. BUTLER.

3 "The Sexual Act." "Frauds in the Conjugal Embrace." DR. ZEISLER.

4 "The Results of Sexual Excess or Continence." "Sexual Misinformation and Quack Literature." DR. W. T. BELFIELD.

5 "The Effect of Coitus During Pregnancy and Lactation." DR. A. C. COTTON.

6 "Sex Problem in Education." REV. PAUL CARUS, Editor of *The Open Court*.

7 "Legal Aspects." A. S. TRUDE, Esq.

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4 Codeine, gr. 1-67	14 Calcium Sulph., gr. 1-6	24 Zinc Sulphocarbolate, gr. 1-6
5 Podophyllin, gr. 1-6	15 Calomel, gr. 1-6	25 Anticonstipation (Waugh's)
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7 Copper Arseniate, gr. 1-1000	17 Colchicine, gr. 1-134	27 Caffeine, gr. 1-67
8 Quinine Arsenite, gr. 1-67	18 Emetin, gr. 1-67	28 Cicutine, gr. 1-134
9 Glonoin (Nit. Glyc.), gr. 1 250	19 Ergotin, gr. 1-6	29 Mercury Protoiodide, gr. 1-6
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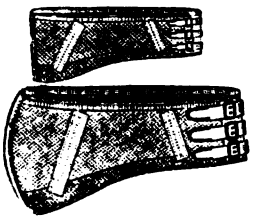

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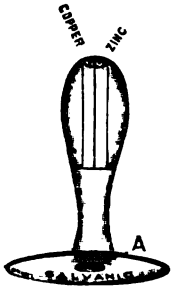

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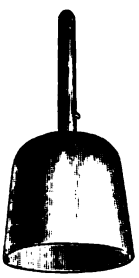

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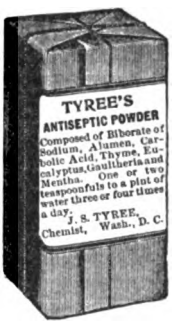
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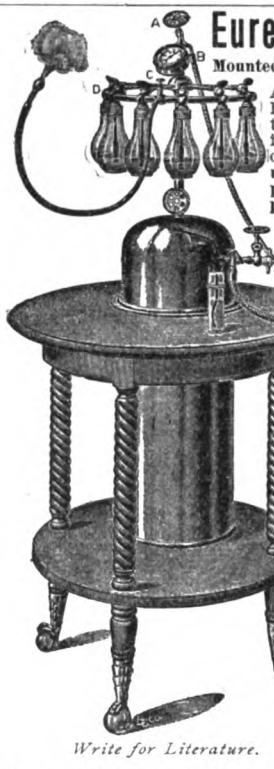

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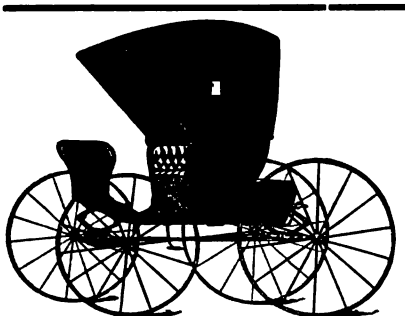

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VOL. XVII. APRIL, 1899. No. 4.

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Editor's Drawer—Shall We Have a New Department?

The suggestion made on page 150 by Dr. Eede, of Leamington, Ont., strikes us as a most practical one, and if the consensus of thought of the readers of THE WORLD is in favor of the establishing of the new department, this will be done in the manner outlined. The full scope of the department is developt so well in the communication referred to that it need not be more fully gone into here.

With a view to inaugurating the department, we suggest for the opening discussions the following:

Does calcium sulfid exert a beneficial effect on suppurative processes? How?

In cases of hepatic colic, what results can be obtained from the use of chloroform? Also, of olive oil?

In what manner does veratrum viride influence eclampsia?

What effect may be expected upon the course of the intestinal lesions of typhoid fever from the administration of the sulfocarbolates?

General Obstetric Considerations.

Typhoid fever may be epidemic, smallpox may threaten, cases of grip and pneumonia present themselves daily, but, after all, the phenomenon of birth is the one thing the general practitioner is sure to be called upon to witness, sooner or later, more or less frequently. Of the cases he will attend in obstetric experience, by far the larger number are sure to be normal, and, it would seem, would require little discussion at the hands of those long in the harness. Yet it is just of the normal cases of labor that we wish to speak, elucidating certain points in management that will probably in their entirety be familiar to few and yet which from one point or the other may refresh memory or awaken new trains of thought. Sometimes, as an old physician once quaintly put it, "the things we are most familiar with we after all know the least about." It does no one harm to formulate his knowledge sometimes and discover how little able he is to give definitive outlines to much that he should know as he knows his own life.

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How to conduct the normal case of labor? "Oh, we all know that!" But do you really know all that is necessary to know? Do you know how to approach your patient? What arrangements do you make with your obstetric nurse? Do you douche, ante-partum or post-partum? Do you use chloroform or ether? Do you hasten labor or use no intervention save in urgent cases? Every accoucheur has slight differences from others in his methods, and some good reason for all that he does, no doubt. Here lies an opportunity for better knowledge. Why not compare ideas?

Too frequently the obstetrician gives his pregnant patients no attention, under the idea that their condition is a physiologic one, and that they must be regarded as individuals in good health until labor begins and he is summoned to deliver the child. This view must be condemned as in many cases productive of much harm. In the condition of pregnancy the border-line between disease and health is by no means a rigid one, and it is so easily modified that only the closest watch can in some instances prevent the thoro establishing of some serious complication, enabling it to gain great headway before it is detected.

The physician generally meets his obstetric cases during the second month of pregnancy, the patient calling in reference to the cessation of the menstrual flow, in order to ascertain whether this is indicative of pregnancy or of some pathologic process. This is the time for him to take the first steps to a proper conducting of the entire case. The confidence of the patient, if she is not already an old patient and therefore presumably establisht in faith in her family physician, should be gained at this time, and general directions as to the regulation of exercise, diet, etc., be given in order to conduce to an easy, uncomplicated labor.

Gentle questioning should obtain all necessary particulars from the patient, and these should be systematically entered into a case-book for reference by the physician. The following brief outline of points possibly does not comprise all that might be noted, but all that is absolutely essential will be found.

Ascertain whether the patient has had other children, and if so, how many and the character of the labor in each confinement. Have there been any abortions, and if so, at what period of pregnancy, and to what, in the patient's opinion, attributable? Fix the probable date of confinement from the usual data. Gather family history, especially as to renal and cardiac sufficiency. Note the habit of the patient as to constipation, plethora or anemia, etc. Has there been a history pointing in any way to venereal disease?

Constipation must be carefully corrected, the bowels being kept regular thruout the entire period. Once in two weeks thruout pregnancy the urine should be examined for the possible appearance of albumin, and in the last month such examination should be made at least once a week. Exercise should be regular, and out-of-door to the greatest extent compatible with conditions of the weather, but should be restricted in kind and degree to less than would produce fatigue. Lifting-exercises should especially be forbidden, as well as jumping or anything likely to cause strain or jar.

The amount of meat should be restricted, and it should not be eaten more than once a day. If the ravenous appetite that is characteristic of pregnancy in some women appears, it should never be fully gratified, the food being given more frequently possibly, but always in moderate quantities. A too generous diet places too great a strain upon the kidneys of the pregnant woman, and the fact that an accident in the nature of eclampsia has not before occurred is in no way a guarantee against its appearance in the pregnancy then present. Also, too great an amount of nutrition has the disadvantage of sometimes increasing the size and weight of the child and thus increasing the difficulties of paturition.

Exposure to wet and cold and to drafts.

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must be guarded against, in some instances one such exposure being sufficient to bring on an attack of acute nephritis, with fatal results to both mother and child. If the teeth decay, an evidence of under-nutrition, the syrup of the lactophosphate of lime should be given daily. During the last two months of the pregnancy, gentle massage of the nipples should be practised, together with anointing them with some emollient such as sweet almond oil, in order to keep them soft and lessen the dangers of fissure.

The sure diagnosis of pregnancy seems always an easier matter to the inexperienced than to the old practitioner. There is no common condition of the human frame that is so often diagnosed as something else or so frequently overlookt. Yet there are no mistakes in diagnosis so discrediting to the physician as this, nor so little excused by the laity, particularly when, as is quite possible, serious results occur from such lack of certitude. Cases are on record in which men with national reputations as obstetricians and gynecologists have operated for tumors on the pregnant womb. Other cases conceded to be pregnancy have finally been determined to be ovarian cyst, pseudocyesis, etc. It is for this reason that the trite rules for systematic examination of the patients have been given above, for one of the surest means of avoiding such errors is the habit of making a methodic and careful routine examination of every patient in whom pregnancy may be possible (even when not probable), neglecting not a single one of the important subjective or objective signs, and looking for them in the order they may be expected so as to not omit any. It must be remembered also that in regard to the subjective signs the patient's statements must not be depended upon, save as they are confirmatory of the diagnosis of probable pregnancy, and not then if there is on her part great desire for offspring.

The common question put to a physician called in labor, after he has made his preliminary examination, is as to the probable duration of the process, and here too many make the mistake of committing themselves to some definite period. In no condition is it more advisable to give an evasive reply than in this. The average duration of labor in women who have had several children is about 7½ hours; in a first confinement it is apt to be about 17 or 18 hours. It might be well, according to a well-known authority, to give such noncommittal reply as "the length of the labor will depend upon the strength of the pains." This phrase is very profound in its apparent wisdom, and is likely to satisfy the inquirer. It certainly will not expose the physician to injurious comment, no matter what the length of the parturition may be.

A physician should give an obstetric call the precedence of almost everything else. When he comes into the presence of his patient he must bear in mind the increased sensitiveness characteristic of pregnancy, and avoid doing anything to offend the patient thru this condition, so exaggerated in labor. His demeanor should be cheerful, but not obtrusively so, and, especially, sympathetic. Any statements the parturient should desire to make should be listened to attentively and met responsively. There should be a general neatness of dress, and no odor of tobacco or liquor. He should see that there is at hand some brandy, a little ether, several ounces of the the fluid extract of ergot, a binder for the mother, clothing for the infant, large and small safety pins, castile and green soap, alcohol, a pair of blunt and a pair of sharp scissors, old linen, soft towels, absorbent cotton, hot water (means for heating it also), vinegar, antiseptic tablets, a fountain syringe, a bed-pan, a new, soft-rubber catheter, five yards of carbolized gauze, a skein of bobbin, a piece of tape, carbolated vaselin, aseptic silk ligatures, hypodermic equipment, the obstetric forceps, hemostats, needle-holder, a small electric battery, etc.

The above are some of the obvious points, and yet there is in all something new, something provocative of debate, and

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this without entering upon the matters of asepsis and antisepsis, the manner of caring for the child, the question of ether or chloroform or neither, all of which are left for future issues. Here is a skeleton upon which you can begin to hang your contributory criticisms and suggestions until we finally have a well-developt, fully-formulated scheme of action. Let us try to elucidate and reduce to exactness the familiar.

Cerebrospinal Meningitis.

In addition to the plague of typhoid fever with which the long-suffering inhabitants of this city have been afflicted, report is made of the outbreak of an epidemic of cerebrospinal fever or cerebrospinal meningitis, as it is indifferently termed, being identical with the so-called "spotted fever" of common parlance. Outbreaks have also been recorded in other sections of the country, notably where unsanitary conditions prevail, and hence a few words on the disorder will probably prove timely.

Cerebrospinal meningitis is a germ-disease, as is proven by the unvarying presence in the exudates of the micrococcus lanceolatus, generally accepted as the causal agent. Still this has thus far shed very little light upon the therapeutics of the disorder, indications for treatment in accordance with this condition being exceedingly meager.

The disease seems to be ruled more by community predisposition than by the infection of the localities in which it is found, as may be demonstrated by investigation of minor points connected with the outbreaks. In other words, the residents of a certain neighborhood or locality are exposed to the same condition of residence, of climate, of alimentation, etc., and in some degree come to acquire certain similarities, which in this instance, end in a predisposition to a certain form of disease. This explanation of the fact of cerebrospinal meningitis occurring in epidemics seems the only plausible one, since the causal microorganism is supposed to be constantly present in most soils.

The disease is very diverse in its manifestations, and is classt by modern writers into many types and subdivisions. Perhaps the most satisfactory grouping is that which classifies the types as the abortive, the fulminant, the petechial and the ordinary. The disease shows not only the differences in degree that appear in all infectious diseases, but also presents variations caused by the characteristic profound toxemia and by the principal condition of the acute exudative inflammation of the cerebrospinal meninges. The treatment follows lines as diverse, being influenced by the differing symptoms of each case, by the personal equation of the attendant practitioner, and by the prevailing fashion in medication, for these things do have their influence beyond a doubt.

The disease in certain localities and at certain times, has presented markt characteristics of depression, and naturally those treating cases with such symptoms have adopted a vigorous and supportive treatment. Again, the inflammatory processes involving the meninges have predominated and energetic depletory measures have been instituted to meet the conditions apparent. Still both these plans have in the aggregate proved unsatisfactory, and hence the body of the profession has adopted, as generally indicated, what may be styled a modified expectant plan, with energetic measures symptomatically as occasion arises.

The mortality of the disease is very high, ranging from 30 to 75 per cent. Hence comparisons instituted with a view of determining the value of a given form of treatment cannot be relied upon. Besides the element of the capricious nature of the disease and the different manner of its manifestations in different epidemics must also be taken into consideration, and will influence any conclusions drawn from a comparison of cases occurring in different localities, under different conditions, and in different epidemics. Even the cases so

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near the type as to justify the classing as average each differ from the other in varying degree in accordance to the degree of the combination and degree of virulence of the two principal conditions existing pathologically.

The statement has been made that the symptoms of the disease, from its very inception, were those of dissolution. This is exactly true in the fulminant type in which the patient, in his ordinary health on awaking from sleep or while at his usual daily work is struck down by the sudden onset of agonizing pain, passes rapidly into coma, and perishes in the course of a few hours. In this type, with its rapid course and the extensive lesions, all efforts of treatment are powerless, and all the resources of medicine can afford no means of combating the attack or of inducing a cure.

A first requisite of treatment is that the patient should be placed in a dark room, and kept as quiet as possible. All noises, especially those of a recurrent and insistent character, must be strictly excluded. The diet should be as generous as possible, from the appearance of the initial symptoms. Milk, eggs, meat-juices and strong broths should be given at frequent intervals, day and night, so long as the digestive organs are not overtaxt. If food cannot be given by the mouth, nutritious enemas should be given. Pure water in so great quantities as possible should be given at frequent intervals, and the bowels should be maintained soluble.

A word must be said against the practice of bloodletting, at one time so generally practised in this disorder, and even yet occasionally advocated. The disease exerts a rapidly disintegrating effect upon the blood, and early and markt debility generally accompanies with a markt depression accentuating the susidence of the febrile attack, all strong contraindications to the use of the lancet. Even when the patient is most robust, the application of wet cups to the nape of the neck and along the spine, altho followed by temporary relief of pain, have also occasionally been followed by alarming symptoms of depression, and should be used with great caution. If the condition of the circulation seems to indicate the abstraction of blood, this is best done by leeches to the temples or in the vicinity of the mastoid processes, the clinical history of the disease with its sequent depression being borne in mind. Dry cups may be used, as being unattended with the depressing effects noted, and also in many instances inducing relief of extreme pain.

In almost every case, alcohol is indicated at some stage, but its indiscriminate use has not been followed with good results. It is indicated when depression of the nervous system appears, no matter at what period of the attack. The character of the pulse should influence the amount given. If it becomes fuller, stronger and more regular, the administration of alcoholic stimulant should be continued. But if it increases in frequency, becoming excited and irregular, if the tongue grows dry and restlessness is augmented, it is possibly best to discontinue its use, or at least to decrease the amount given.

The direct application of cold to the head and spine is of use, the procedure being usually followed by amelioration of the symptoms. Systematic cold bathing is also of markt benefit if the temperature is very high. External heat should also be used, in order to combat the depression which is so sure to follow. This may be accomplisht by hot flannels, hot water bags, etc., placed next the patient, and this means should not be neglected even while the cold applications are made to the head and spinal column.

A dose of calomel at the beginning of the attack is sometimes of use, but further than this the mercurials seem to be contraindicated. Mercury in some form was long a favorite remedy in the disease, but the consensus of modern opinion is against it. The same is true of quinin, which can only be of benefit in small doses during convalescence for its general tonic effect.

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The highest place in the therapy of the disease is conceded to opium in some of its forms. There seems to exist a remarkable tolerance for the drug during the course of cerebrospinal fever, and is to be employed at the earliest moment and in full doses. The indications for its use are the headache and pain in the back, the condition of spasm, the hyperesthesia, restlessness and sleeplessness. So large doses as one and two drams of laudanum, and 30 to 60 grains of the crude drug have been given with the effect of subduing the excitement and relieving the pain, but without producing somnolence or the other usual effects of the drug, and have in many cases been followed by recovery. The remedy is to be given for the effect, and the amount necessary to produce this effect must be administered.

If the symptoms indicate exudation, however, the usefulness of opium is greatly diminisht, and it must be given in more guarded doses. Its efficiency is greatest at the inception of the disease. Its use is even indicated, according to many authorities, in cases in which coma threatens, an exception to the general rules for administering narcotics, and many medical authorities of note claim that the drug is a powerful agent in obviating coma in cases not absolutely irrecoverable. If the patient vomits the drug or is in a condition in which it cannot be taken by the mouth, it may be given in enemas or by suppositories, or morphin may be given subcutaneously. A hypodermic of morphin night and morning, with the administration of suitable doses of the deodorized tincture of opium in the interval, is an ideal method of treatment, when the doses are cautiously regulated and the attendant symptoms of restlessness and jactitation are met with small doses of hyoscine hydrobromate.

If the case is of a mild type, and particularly in children, the addition of the bromids to the opium treatment, with a consequently smaller dose of the opium, is to be recommended. Thruout great caution must be exercised against the use of such sedatives as exercise a depressing effect upon the circulation.

Veratrum viride and aconite are contraindicated for the same reasons that are operative against bleeding. They have been thought to exert an influence upon the pathologic processes of the disease, but this has been disproven.

Treatment of Tuberculosis.

There is as yet a certain hopelessness in regard to the therapeutics of tuberculosis of the lungs in any save the incipient stages, that renders any discussion of treatment rather a thankless task, since the best that can be offered is mainly palliative and for the most part directed to the relief of symptoms. The condition of hemoptysis has already been fully discusst in these columns, and it is not designed at present to enter into the surgery of tuberculous lesions.

Possibly more attention has been directed to the surgical treatment of tuberculosis of the lungs as advocated by Dr. Murphy at the latest meeting of the American Medical Association, than to anything else that has been promulgated in this field. Dr. Murphy's argument had all the freshness of a new discovery, and argument has waxed and waned pro and con upon it since, altho it is as yet too early for decision as to the value of the procedure. Briefly, Dr. Murphy's method amounted to a rest-treatment of the diseased tissue. He advocated causing the collapse of the affected lung by the introduction of gas into the cavity, throwing the burden of the respiratory function upon the other side. After the tubercles had reached the proper stage, in which they would not be affected by the action of the lung in breathing, the lung might again be inflated and put into use, without fear of extending the tuberculous process. Thus far the profession seems to have rendered a "Scotch verdict" as to its usefulness, and many objections have been brought forward, such as the possibility of the development of the pneumonia in the lung remaining in use while

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the other was still in "commission," the possibility of renewed use of the disused lung causing renewed activity in the old lesions, etc.

Thus far the hopes aroused by the announced discoveries of tubercle-serum have not been realized, altho reason would seem to indicate that in this line the highest development of preventive and curative medicine must eventually come. There are the usual number of enthusiastic advocates of each successive discovery and the usual quota of those opposing, some, it is true of those who on general principles oppose everything new, but more of the rank and file of the profession, those who are cautious in their methods, who do not run after the latest thing, and who prefer to do the good possible with tried methods rather than experiment with the unknown.

The consensus of medical opinion as to the treatment of phthisis seems to remain steadily in favor of creasote, benzosol and cinnamic acid as the most effective medicinal agents, when used with general measures tending to build up nutrition, and supply the excessive waste of the system. These are administered either by the stomach in capsules combined with codliver oil and gentian or some other tonic agent, or are used as in inhalants, to secure, so near as possible, direct contact with the diseased tissues. There is the usual array of statistics of recovery under each drug, but even with these the attitude of the professional mind seems that of incertitude. Of all the measures, however, the use of creasote or some of its derivatives is thus far the most approved.

The chief dependence, however, since the tubercle-bacillus has been demonstrated to be practically indestructible in the human system, must lie in methods of prophylaxis and in measures directed to rendering the germ latent. This is also indicated from the fact that many cases of spontaneous cure have been reported, due often to the encapsuling of the tubercle in fibrous tissue, etc. Meanwhile research in medical lines is being stimulated in the direction of the determining of the agent best adapted to induce this process in diseased lung-tissue. The highest claims thus far have been made for the intravenous injection of cinnamic acid, the active principle of Peruvian balsam. The injection is generally made into the median basilic vein, a sterilized, aqueous 5 per cent. solution of sodium cinnamate being used.

Climatic treatment is, however, the chief line that engages medical thought at present, and there are probably more advocates of the so-called rational method, of not so much entire change of climate as the using of all means to keep the patient night and day in the open air, encouraging free oxygenating of the blood, and directing every effort toward physical development. This treatment has been pursued as the main plan of the cottage sanitariums establisht in the Adirondack region of New York, and thus far better success has been reported from these than from any other collated series of cases. The fact is admitted that the constant supervision of the patient's life and the strict regulation of his diet are factors of no little importance in bringing about the happy results noted. There is little in these systems that cannot be reproduced within private practice, provided the physician has sufficiently the confidence of his patient to ensure the strict adherence to the course prescribed. The treatment is so diagrammatically opposed to the usual plan of keeping a phthisical patient confined to close rooms that the fear on the part of the laity that the consumptive will "take cold" must be met and combated, and this is a factor of no little importance. To successfully carry out the treatment the active co-operation of the patient and his friends is necessary, since variation in the line adopted may have serious consequences.

Unlimited fresh air and sunshine, with scientific exercise directed toward improving the lung function, and full and generous diet are the essentials of the treatment. The mode must be adapted to each individual, taking into consideration the gen-

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eral condition of the patient and the stage of the disease, the febrile manifestations, etc.

Treatment of Measles.

In measles, as in all of the exanthemata, attention must be paid first to the hygienic management of the patient and the surroundings. In the uncomplicated cases of only ordinary severity very little aid from drugs will be required.

The first requirement is the strict confining of the patient to bed until the final disappearance of the rash, even to the last yellowish-red stains which succeed the active stage. There should be every precaution to prevent the taking of cold, altho bedclothing merely sufficient for warmth should be used. Too great heat and too much weight of clothing will contribute much to increase the discomfort already caused by the disease.

The chamber selected for the sick-room should be, if possible, isolated, large and airy, provided with screens in order to prevent drafts during ventilation. The proper temperature is 65° to 68°. The light should be subdued, as the eye symptoms are always of consequence, and, whenever this is at all possible, the patient's back should be toward the source of light. Altho it is not so absolutely necessary as in scarlet fever to strip the room of all draperies, yet it is well to dispense with all unnecessary hangings.

After convalescence is even well establisht, it is well, for five or six days, at least, to keep the patient confined to the room, and even after this period he should not be permitted to go out of doors until at least three weeks from the beginning of the attack; and it is at least an open question whether it is not best to keep the room for this length of time. Measles is one of the diseases in which over-caution is better than too great laxity; this because, next to typhoid fever, it is the most liable to relapse of all the exanthemata. There have been a number of authentic cases of relapse or recurrence, both attacks sometimes running their course within four or five weeks.

Careful attention must be paid to the diet, the object being to secure sufficient nourishment without overloading the alimentary canal, or overworking the digestive powers, enfeebled by the general catarrhal condition of the mucous membrane. With this purpose it is well to give food at more frequent intervals, but in smaller amounts than is usual. When milk forms the staple food, it is well to use half cream with admixture of a little lime-water in order to prevent rapid coagulation and the formation of large, tough curds in the stomach. Occasionally it is impossible for the child to retain milk, and in such cases raw beef-juice and veal or chicken broths will prove the best substitutes. The liquid diet should always be enjoined. Do not give lemonade nor anything save pure, cool—not cold, water, and give this in a small glass, so that the patient can drain it if desired.

Bathing should be an important part of the treatment, the entire body being sponged off at least once daily, washing a little of the surface at a time and drying this carefully before proceeding to another part.

The medical treatment is very simple. In the early stages potassium citrate is useful to lower the temperature and relieve the catarrhal inflammation of the mucous membranes. If there is a croupy tendency, syrup of ipecac should be given. Later ammonium chlorid and quinin come into play. Sweet spirits of niter or spirit of Mindererus are often of great service. During convalescence iron and codliver oil should be given.

The eyelids should be washed four times daily with hot water, and a few drops of a weak solution of boracic acid should be applied to the conjunctiva. The nares and pharynx should also be sprayed with dilute Dobell's solution.

Headache should be treated first by unloading the bowels, altho an active purge should never be given on account of the

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predisposition to diarrhea. Should this measure fail, soak the feet in hot mustard water, and lastly give potassium bromid.

If the bowels are moderately loose it is well to not meddle with the condition, but if the purging is frequent enuf to be weakening, chalk mixture, or for an exaggerated condition, zinc oxid in doses of one-quarter to one-half grain every three or four hours, are both excellent remedies.

The condition of hyperpyrexia that marks the acute stage does not call for special treatment unless it continues longer than twelve hours. When baths are given a temperature of 98° should be first used, and if this fail to reduce the temperature, tepid and finally cold spongings should be resorted to. Of the antipyretic drugs, phenacetin is the safest and most reliable. This may be administered in an initial dose of one grain for any age between two and six years. If the temperature falls afterward, watch the extent of the depression; if not, gradually increase the dose to two or three grains. The dose may be repeated as often as necessary to keep the temperature below 103°, the condition of the heart being carefully watcht.

The treatment of convulsions, bronchopneumonia or other complications in nowise differs from that employed when these occur idiopathically, and therefore need not be considered here.

A subscriber in China writes as follows: "Could not THE MEDICAL WORLD take up the subject of drunkenness among physicians? A year ago I was home on a furlough, and was grieved at the amount of drunkenness I observed among country physicians. They were good, skilful men when sober, but if a new physician would locate in their town they would keep sober and hold their practice until the new and sober man was starved out. Then they would go in for a 'good old drunken spree.' Should not physicians who are intemperate have their diplomas revoked? This could be done by the college granting the same, or by the State. It is a sin against humanity to allow them to endanger human life by practising while they are drunk."

This will be a very interesting subject for discussion by our readers. A frank, free and bold expression is desired.

An "Advertising Dodge."

In January WORLD, page 31, appears an apparently candid and innocent article, from Harvey M. Mathews, M. D., of Corsicana, Texas. It is made to appear that the object in reporting the case is the large amount of morphin and cocain taken by the patient. The treatment of the case was not given, but we publisht the article in good faith, supposing that of course the treatment would be given if askt for. We have since written twice for the treatment, but have received no reply. A subscriber who wrote directly to the author of the article for the treatment received the following reply: "I cannot furnish you my method of treatment, as I do not desire same to be used outside my home. If you have any cases you wish cured and will send them," etc. A subscriber in sending his renewal, writes: "I like your WORLD, but think if I was editor I would eliminate such an advertising dodge as is found on page 31." The editor wishes now to confess that he was caught on this "advertising dodge," and he also wishes to beg the pardon of his readers for the same. He considers that he usually has a pretty good nose to smell out such things, but he is not infallible. It is surprising how many apparently innocent communications, but with a secret self-interest behind them, seek admission to the reading pages of medical magazines. To the writers or instigators of all such we wish to suggest that there is an honest way to advertise.

Drug Prices Here and Elsewhere.

THE MEDICAL WORLD feels it to be its duty to serve the interests of the medical profession in a financial as well as a scientific way. For this reason we have been giving persistent publicity to the wide discrepancy of the price of phenacetin and some other patented preparations in this

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country and in other countries; the price being several times greater in this country than in other countries, while the duty is only 25 per cent. I appealed to the importers of phenacetin, the Farbenfabriken of Elberfield Co., of 40 Stone street, New York, for their reason for this state of affairs, earnestly suggesting that they ought to sell their products to consumers in this country at the same rate as in other countries plus the duty. They referred to the great difference in the selling price of many other drugs, not patented, in this country and in Germany. I then askt them for some definite and detailed information on this subject. They have very kindly sent me the following list:

	United States.	Germany.
Bromine	$4.00	$0.70
Calcium Carbonate	0.85	0 16
Albumen, Egg	1.34	0.73
Alum	0.49	0.11
Boric Acid	0.37	0.13
Hydrochloric Acid, 20° Be.	0.17	0.06
Benzoic Acid	4.00	2.95
Tannic Acid	1.60	0.54
Pyrogallic Acid	4.80	2.68
Acetic Acid, glacial, 99.5%	0.64	0.16
Oxalic Acid	0.47	0.13
Gallic Acid	0.72	0.51
Hydrocyanic Acid, 2%	2.24	0.48
Hydrofluoric Acid, fuming	3.50	0.28
Nitric Acid, sp. gr., 1.41	0.34	0.09
Phosphoric Acid, glacial	0.77	0.52
Aceton, C. P.	0.94	0.27
Chloroform	1.08	0.29
Ether	0.99	0.09
Caffeine	10.40	6.19
Cocaine Hydrochlorate	84.00	63.00
Apomorphine	896.00	86 88
Atropine	569.00	78.75

[1 Mark=24 cents.]

The prices are taken from Merck & Co.'s list for the United States, and from R. Schering's list of German pharmaceuticals; both lists are intended for the retail drug trade. In each case preparations of corresponding degrees of purity or of equal specific gravity were selected according to the United States or German Pharmacopeia. None of these preparations are patented, or covered by trade-mark, so that the manufacture in the United States is just as unrestricted as in Germany.

By this list it seems that the importing of drugs into the United States must be a very profitable business. Are the Americans so rich that they do not care what prices they pay? Or what is the reason for this wide discrepancy?

ORIGINAL COMMUNICATIONS

Short stories on the treatment of diseases and experience with new remedies are solicited from the profession for this department; also difficult cases for diagnosis and treatment.

Articles accepted must be contributed to this journal *only*. The editors are not responsible for views expressed by contributors.

Copy must be received on or before the twelfth of the month for publication in the next month. Unused manuscript cannot be returned.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

READ. REFLECT. COMPARE. RECORD.

Notes and Comments.

Editor MEDICAL WORLD:—What a fine object lesson is that on smallpox in the March editorials. What a pity our anti-vaccinators cannot see such things like ordinary people. Of all the numerous members of the class which tries to distort facts to make them support their theories, none compare in fanaticism with the opponents of vaccination. A certain official statistician of Austro-Hungary once endeavored to show that his official records proved the worthlessness of vaccination; and his report gave great comfort and encouragement to his fellows and trouble to the cause of truth. I have among my books a report made by my friend Korosi, his official successor, showing how the records had been garbled, distorted and even deliberately falsified to make them support the anti-vaccinator's contention. Have any of our friends tried calcium sulfid in smallpox? This salt is so powerful an antagonist of suppuration-producers in general that it ought to prove effective here. If it restrains the secondary fever, which is due to the absorption of pus from the suppurating pustules, it should ameliorate the symptoms of the latter stages and prevent the disfigurement to a great extent. But it should be given in full doses, a grain four to six times a day, and not in Ringer's 1-10 of a grain.

There is one small objection to the use of jaborandi as a sudorific in scarlet fever, and that is that it occasionally dries up the sweat instead of increasing it. In fact, the question of which action will be obtained from this drug depends altogether on whether pilocarpin or jaborin happens to predominate in the sample the druggist dispenses. Generally, the pilocarpin in it is in excess, but I got caught once with a specimen that worked just the wrong way, and it came near costing a life, before I

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found what was the matter. Since that experience I have stuck to the alkaloid pilocarpin and have never had reason to regret it.

I think the WORLD family will be glad my remarks on Dr. Benedict's letter were made, since they elicited the reply in the March issue. I object to the term "alterative," because it has no tangible meaning behind it. "Relaxing vasomotor spasm" has a meaning we can comprehend, even if we cannot explain how that action is accomplisht. In the second stage of pneumonia, even if aconitin and strychnin had no effect beyond the area of consolidation, they would still be effective in limiting the spread of the process from lobe to lobe. We need not have lobe after lobe involved, as in Kipling's case, while we sit idly and watch the process. But I am sure that these agents, especially strychnin, act on old tissue that is not already lifeless, and that this action can be demonstrated. I once saw a child with pneumonia to whom an overdose of strychnin and digitalis had been given by mistake. Every evidence of consolidation disappeared, as well as the rales. My confidence grows firmer with experience, that in strychnin we have a remedy that is capable of increasing the vitality of pneumonic tissues so far that they will recover and throw off the disease, where otherwise they would have undergone molecular death.

Now as to the mortality to be expected in pneumonia. If you look over Juergensen's article in Ziemssen's Cyclopedia you will find that he cured all his cases except those in which the "pneumonia" was simply the termination of chronic incurable disease, such as diabetes or cancer, in which no one could expect a cure; or hemorrhagic and "old age" cases, in which his treatment was not successful. We do a little better with the alkaloids, but not so much as to render our claims incredible. Some cases are necessarily fatal, such as I have mentioned, and those in which the vitality is so nearly exhausted that attack of almost any complicating disease may kill. Leaving these out of the question I would not expect any case of croupous pneumonia to die, under the treatment I have suggested; and that not under the management of one of the great masters of our profession, but in the hands of any average country doctor. These claims are not for superior skill in the physician, but for vital superiority in the methods employed. And I make this claim deliberately.

Let me say a word in reference to Dr. Stearnes' brief but misleading note on the same subject, on page 114. Probably nine-tenths of the cases would get well quite as nicely without the antimony, opium, niter, calomel, digitalis, blistering and counter-irritation he mentions; but it is the other tenth we want to save. Has he lookt in a work on therapeutics publisht since 1858?

Several writers have recently asked about a remedy for diabetes mellitus. A lady now under treatment has taken strontium lactate, 10 grains six times a day for three weeks, and there is no trace of sugar in her urine to-day. This is not my first trial of this remedy in diabetes, and thus far it has succeeded every time.

The case described by "Reader," may be colic due to constipation, but is most likely to be gall-stones. They do not necessarily show in the stools, as they may slip back into the gall-bladder. Test the urine for bile immediately after an attack. Put her on sodium succinate, 5 grains four times a day, and continue for a year.

Umbilical hemorrhage in many, if not all, cases is due to syphilis. I have checkt the hemorrhage temporarily by transfixing the tissues with long pins and applying a ligature, preferably of rubber. Dr. Brady's second case (page 123) reminds me of a newspaper story:

"What I don't understand is why she—"

"There is no known reason."

"But why don't you wait till I've finisht what I had to say?"

"You did finish it. I tell you there is no known reason."

The last case will develop into angina pectoris. Give him strychnin arseniate 1-30 grain, four times a day for a month, and follow with arsenic iodid 1-67 grain for three months more, to improve cardiac nutrition and innervation.

Dr. Franks (page 123) asks for a remedy for eczema. If the patient is plethoric give her colchicin, about three granules, 1-134 grain each, every day. Regulate the bowels, give calcium sulfocarbolate, 40 grains a day, to render the bowels aseptic and give the tissues a little more solidity. Relieve the general itching by mild mustard baths, or by pilocarpin in doses enuf to cause sweating. If the eczema is confined to limited areas apply the official ointment of red oxid of mercury. But

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eczema is a pretty big proposition to prescribe for in a lump, all sorts and phases at one shot. For instance, if there is induration of the tissues, or thickening, you will do no good until you have reduced the engorgement by applying pure, water-free glycerin long enuf to shrivel the skin like a washerwoman's hands.

Dr. Harwood, of Texas, writes me that I unintentionally did him an injustice in my January letter, as the treatment to which I objected was not his, but that of another physician, who had preceded him in the case. I am glad to make this explanation.

One of the most troublesome affections we have to deal with is cystitis. In many instances it resists all medicinal treatment, and the old and new remedies are tried in succession and fail. I have generally found that when a case resisted good management by a good doctor, there was something else back of it. One such case was sent to me recently, in which diabetes mellitus was detected. I made an opening from the vagina to the bladder for drainage, to give the inflamed bladder some rest, and cleared away the sugar by strontium lactate, giving xanthium spinosum as a specific, the symptoms corresponding to those for which this agent is recommended. She improved, but the xanthium did not answer my expectations. But, as she had contracted the morphin habit, it was not to be expected that any remedy would have a markt effect.

WILLIAM F. WAUGH, M. D.
Ravenswood, Chicago.

Therapeutic Philosophy and Hypermedication.

Editor MEDICAL WORLD:—If I had twenty or thirty thousand hands, with arms long enuf to reach half-way round the globe, I should shake hands with every one of THE WORLD family. That is my feeling, and I believe it is the feeling of almost all THE WORLD readers. The generous breadth and catholicity of THE WORLD'S editor have been contagious, and the result is a unanimity of honest purpose on the part of his subscribers. This fact is full of progressive promise.

In the spirit of helpful brotherhood, I want to submit some of the results of my studies, experiments and observations. I ask you to waive all schoolish bias and every partisan trammel, if you can, as we wade thru a little medical philosophy together.

I wish to call your most particular and serious attention to certain errors and abuses which inhere in all systems of medicine. If these could be weeded out, it would leave therapeutics on a plane not infinitely distant from scientific possibility.

There are a number of axioms underlying therapeutics which are as inflexibly true as are those fundamental to mathematics.

Thus, 1. *No morbid effect can be dissipated except by a removal of its cause.*

2. *What will make, or tend to make, a well man sick will make a sick man sicker.*

3. *Medicine is medicine, and food is food.*

4. *Each drug has a specific affinity (kindly or not) for a particular nerve center.*

5. *A drug, to be remedial, must not, at least in the long run, oppose natural reparative effort.*

6. *A drug's capacity for doing good, when indicated, is invariably less than its capacity for doing harm when not indicated.*

7. *A drug is double-edged, so that, however much it may cut in the right direction, it will cut some in the wrong direction.*

8. *There is no such thing as a drug tonic—drugs are heterogeneous to the animal organism.*

9. *Hygiene is the big brother of drugs, psychology being included in this branch.*

Examine these propositions thoughtfully and fairly, doctor, and see if you do not conclude that they are basic truths. I am sure they will stand the severest of analytical tests. It would follow that if we square our clinical methods with their essential principles, we shall not go far wrong. How many of us do it?

Perhaps the very most devastating evil pertaining to therapeutics is *hypermedication.* It was the accumulated results of this drug barbarism which led that grand medical scholar, John Mason Good, M. D., F. R. S., to say: "The language of the science of medicine is a barbarous jargon." It led Sir John Forbes, M. D., F. R. S., of London, to say: "Some patients get well with the aid of medicine, more without it, and still more in spite of it." Doctor Frank, an eminent English practitioner and author, said: "Thousands are annually slaughtered in the quiet sick-room." Professor Jameson, of Edinburg, said: "Nine times out of ten our miscalled remedies are absolutely injurious to our patients." The great Dr. Baillie, of London, said: "I have no faith whatever in medicine." I could quote utterances of the same tenor from many of the great lights, including Dr. Evans, Fellow of the Royal College of London, Dr. Bos-

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tock, author of the "History of Medicine," Sir James Johnson, M. D., F. R. S., editor of the London Medico-Chirurgical Review, our own Dr. Oliver Wendell Holmes, and others. It merely proves that these men were conscientious, independent thinkers, and that they accepted therapeutics as taught by the dominant school. More; it proves that their disgust was so general and massive that they were *unfair* in ignoring the two or three therapeutic certitudes their school had evolved, such as quinin in morbid periodicity, mercury and iodid of potassium in syphilis, etc.

The general status of therapeutics has been finely illustrated by the numerous articles on pneumonia which have appeared in THE WORLD within the last few months. Suppose an intelligent Martian should visit the earth, and study all those articles (each of which was written by a sincere believer in his own method) with the purpose of learning the *correct treatment* of pneumonia; what would be the effect upon him? If it should not set him crazy, it would drive him to the conclusion that "any old" treatment will do for pneumonia, or that the *main* thing is to keep the patient full of *some* kind of medicine. Now, "honest to God," doctor, have I exaggerated? You do know that I have not done so. We are all in it together, for one of those articles is mine.

Now if it is a fact that light medication is as successful as heavy dosing in pneumonia, is it not the urgent suggestion of wisdom that we adopt the former? I need not name them, but the reasons are numerous and rational, why we should adopt light medication if it is as effective. Included among them is a clinical culture and refinement which shall be in esthetic harmony with our high civilization. We can step as far away from the coarse methods of the present as we have already stept away from the use of the bolus, the moxa, etc.

It is certain that a much greater proportion of patients recover under light than under heavy medication. This is as certain as it is certain that we almost never know which is *exactly the right drug at the right time.* Hence we violate axioms 1st, 2d, 4th, 5th and 6th. Besides, it is conceded by all intelligent, unpartisan and honest observers, whatever their school of medicine. You see it *has* to be true, unless those axioms are false. The overdrugging eclectic or physio-med is just as unsuccessful as the hypermedicating "regular," *unless* it should happen that their drugs are less toxic.

Please note that I do not insist that light medicators know any better which is the *right* drug, in a given condition, than do heavy medicators. It is the superiority of *temperate* drugging that I insist upon. What I mean is well illustrated in Dr. Spurgeon's treatment, Feb. WORLD, p. 61. It is physio-medical treatment, not eclectic, as Dr. Taylor supposed. The combination—lobelia and capsicum—evolves a drug expression which is very *little* opposed to the *vis medicatrix naturae*, if it is not positively helpful to it. The philosophy underlying their use is false, for the idea of simultaneously relaxing (depressing), and stimulating the organism, is self-contradictory. The primary expression of the drugs are reciprocally nullifying. The medicinal output of the combination is neither depressive nor stimulating, *unless* the bulk equation is not identical with the drug expression. Dr. Spurgeon will forgive this little critical dash when I say that I know his method of treatment is highly successful. I know of but one method of treatment which I think is a *little* better, and it may be only negatively better, its superiority being dependent upon its greater friendliness to the lining of the stomach. When he claims to have lost only five per cent. of his cases, I can eagerly believe him. So do I believe Dr. Berry Bowen, (Feb. WORLD, p. 63) when he says he has lost only two cases in nine years when he has been called in within forty-eight hours. I believe him just as truly as I believe Dr. Spurgeon, altho he is an excessive medicator. I believe him because there is an aura about his method of statement which is possible to a sincere and earnest man only. I am sure of this, tho, that his comparative success has not depended upon his hypermedication. I am sure, too, that his strong common sense will soon constrain him to use less medicine.

It was my purpose at the outset to discuss several errors or abuses, but the first one, hypermedication, has absorbed all the space I can decently ask for, and it is not half exhausted. If the editor should think it will be of sufficient interest to his readers, he may permit me to continue thru future numbers. I would say, finally: Since there are only five or six so-called drug certitudes between the wisdom of expectancy and the universality of mal-

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practice, can we be too cautious in the use of drugs? W. C. Cooper, M. D.

Cleves, O.

[The editor feels that he does the wishes of his readers by asking Dr. Cooper to continue thru future numbers of The World this interesting subject, or any other subject that the Doctor feels inspired to write upon.]

Gangrenous Stomatitis.

Editor Medical World:—Gangrenous stomatitis is a disease of such infrequent occurrence that it comes within the experience of observation of few physicians, even those of very extensive practice. Its etiology is somewhat obscure, tho local causes existing in the individual no doubt have a powerfully controlling influence in its development; also climatic conditions are designated as aiding in its production.

As yet, no microorganisms have been discovered as peculiar to the disease, tho Lingard and Ranke have discovered certain thread-like organisms in the blood, which strongly resemble bacilli, but are not as yet proven to be true streptococcus.

Any deterioration of the health, improper hygienic surroundings, or the recent existence of acute disease — especially measles—is laid down as among the most frequent causes of the disease.

Malaria is also said to be a predisposing factor, especially if the system has for a long time been impregnated with the poison, and the individual has experienced repeated acute attacks. It is regarded as essentially a disease of childhood, and its appearance in adults is exceptional.

Having recently treated a case of gangrenous stomatitis, I think a report of the case may be interesting to the profession.

It occurred in a female above 40 years of age, of nervous organization, and scrofulous diathesis. For three years previous she had suffered yearly attacks of malarial fever, usually continuing about four weeks, and each recurrence of the disease was invariably accompanied with a form of stomatitis. This assumed a high degree of inflammation of the mucous membrane, but without ulceration.

The salivary glands, at such times, were very active, discharging large quantities of a viscid fluid, which seemed to be of an irritating nature, for where it came in contact with the skin of the lips, slight erosions took place, subsequently covered by crusts of a dirty-brown color.

These repeated attacks of stomatitis affected the integrity of the tissues, especially of the gums, and the four lower incisors became detacht from their laminæ, and were freely movable with the finger. Notwithstanding this condition, the patient persistently refused to have the teeth removed.

In January, 1897, the patient was taken again with the pathognomonic symptoms of malarial fever, ushered in by a severe chill every day for three days, followed by high temperature, registering, at the climax, 105° under the tongue. At the end of the first week, the characteristic symptoms of stomatitis again manifested themselves, in a much severer form than in previous attacks. The odor from the mouth became very offensive, and the tongue and inner surface of the lower lip were heavily coated with a brownish exudation, which, owing to the excessive secretion of saliva, was easily removed, but immediately reappeared.

Having attended her in so many previous attacks, I apprehended no serious results from the stomatitis, until I noticed its effect on the system, accompanied by an offensiveness of the breath, which was almost unbearable—high fever and every appearance of the absorption of poisonous elements into the circulation. On closer examination, I found the gums around the lower loosened incisors very much swollen, tense and purplish; beneath the tongue appeared a point of ulceration, around which, extending toward the larynx, was a thick whitish secretion covering the mucous membrane. In twenty-four hours from the inception of this condition, the ulceration beneath the tongue had extended to a size sufficiently large to admit the end of the index finger, and at the same time on the inner surface of the lower lip, a bleb or raised point of inflammation, having a tense hard base, had formed, and opposite it, on the outside, the skin of the lip and chin was enormously swollen, red and glistening.

In 24 hours more the ulceration beneath the tongue was still steadily advancing, so rapidly that it seemed it would soon invade the larynx if not arrested.

The swelling of the lower lip and chin increast, and on the skin opposite the raised point on the inner side of the lip a large scab crowned a point about as large as the end of the index finger, and raised slightly above the surrounding tissues, apparently indicating that perforation

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was about to take place at this point. The condition of the patient showed the constitutional effects of the rapid advance of the disease, and it was with difficulty that she could be induced to take food, on account of the obscuration of all her faculties, and because of the great pain experienced in swallowing.

Recognizing the fatal tendency of the disease, I gave the friends little hope of her recovery. In the treatment I did not resort to the extreme measures recommended by authors, viz.: cauterization with silver nitrate, or even nitric acid, but gave internally a saturated solution of potassium chlorate, with the addition of the tincture of the iron chlorid. Of this I gave all the stomach would bear. Locally, I swabbed the mouth thoroly with pledgets of cotton soaked in hydrogen peroxid, allowing the effervescence to entirely cease before proceeding further.

I then dried the mucous membrane as thoroly as possible, and applied a solution of silver nitrate, 60 grains to the ounce, morning, noon and night. In the intervals of these applications I used an antiseptic wash very frequently. On the third day after commencing this treatment I began to notice a change in the condition of the ulcer beneath the tongue, showing a tendency to clean itself and an arrest of its advance toward the larynx. About this time Dr. Totman, of Syracuse, was called in consultation, and he, after examining the patient, confirmed my diagnosis and treatment, but advised the addition of tincture of iodin and glycerin to the silver-nitrate solution I had been using.

For several days there was a slight improvement of all the conditions, and at the end of a week the patient began to improve rapidly, and was soon out of danger, apparently.

In the meantime perforation had taken place at the point previously indicated in the lower lip, leaving an opening large enuf to admit the end of the index-finger passing thru into the mouth. When the edges of this opening were entirely clean, and a healthy surface presented, I decided to close the wound, and, if possible, bring about complete union by first intention. With this object in view, I took a large curved needle threaded with a strong silk suture, and passing it from without inward, at the lower margin of the opening, thru the entire substance of the lip, and turning, brought it out at the upper margin of the wound. I used only two of these sutures, and by tying them firmly procured complete apposition of the edges of the wound.

My only fear was that the wound, being in a dependent portion, the saliva would, by its accumulation at this point, force its way thru and prevent union. Accordingly, for three days subsequent to the operation I directed the nurse to apply, every half hour, dry pledgets of cotton inside the lip, sufficient to absorb the saliva. Externally I applied vitogen, an antiseptic powder, and a compress of carbolated gauze, as firmly as the patient would bear.

At the end of a week, with many fears for the success of my operation, I removed the sutures, when, greatly to my satisfaction, I found that complete union had taken place, and the wound permanently healed. About two weeks after convalescence two small pieces of bone exfoliated from the inner surface of the lower maxillary, opposite the point of perforation. The patient made a complete recovery, and no serious results followed the disease.

FORDYCE H. BENEDICT, M. D.
Weedsport, N. Y.

Life-Saving Scavengers.

Editor MEDICAL WORLD:—It does not require much courage or knowledge to swim along with the current of general opinion. In fact one can do this and have no opinion at all. But it does require courage and much thought to break away from the lauded, usually accepted, theories of cause which have sprung from the fertile brain of some would-be scientist. The majority of mankind do not think much. They allow others to think for them, and hence are led into any sort of error if it comes from a source which they think scientific.

Give such the best of reasons to prove they are wrong and they will bristle up with some profuse jumble of words devoid of intellectuality or thought. To such, because the public press has made a statement, is reason enuf for them to presume it must be correct. An inquisitive mind is one to learn, especially if it be well educated and has all the faculties well balanced. Study and research will store the mind and make it expand to become useful in any community.

While such should do the thinking for the unthoughtful, yet the fact that they exist does not excuse any mind from the

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use of its own faculties. When a cultured mind becomes informed of anything out of the usual trend of thought it cannot accept it without using all its powers to trace the matter to its cause and effects, to prove its truth or falsity.

During the past forty years of my life many new things have come to the front, some of which have advanced science, while some have been very detrimental. The public press will exploit anything sensational, regardless of truth or knowledge. Again, the press is not slow in grasping anything which bears a foreign postmark. The Germans have discovered this opportunity for a free advertising, and many fads have thus been placed on the market by the editors, who always would sooner write about a fad than something of lasting benefit to the race.

Brown-Sequard, with his elixir of life, mentioned here, there, everywhere, and the willing dupes who would try to be first to reduce the aged and infirm to youth again, and thus prevent the grave from claiming its own, are apt illustrations of my meaning. But this was of short duration, and died to rise no more.

Koch introduced another fad, which also had willing patrons and which also met the same fate. Many others have come from a foreign shore, to rule awhile and then drop into oblivion.

Last, but not least, comes the germ theory of disease, and the whole profession cry "Eureka," and the press has done many thousands of dollars worth of free advertising. Now let us reason upon this, the last great discovery (?) and see if it will bear the light of reason.

That germs exist, both in and out of disease, I readily admit. That they have existed from all time is a proposition I readily grant; but that they are the *cause* of any disease I deny.

In England a committee of scientists has been chosen to thoroly investigate the theory of germ disease. Among the many things done was to take a number of schools and examine the throats of all the children. An interesting fact in their report was that sixty per cent. of the pupils had the bacillus Löffler in abundance, and there was not a case of diphtheria in the schools nor in the neighborhood for months before or after.

I, too, have made hundreds of examinations of the throats of children and adults, and from the mucus secreted in the throat have made the cultures and produced millions of the Löffler bacillus. Yet there was not a single case of diphtheria in any of the cases examined, and, tho faithfully watching, I have found none to result after. Again, I have seen cases in which the throat was almost closed by the true diphtheric membrane and the microscope failed to find a solitary diphtheric germ.

Suffice it to say that I have one of the best microscopes made in America, and have taken special lessons in its use, and am, therefore, prepared to speak knowingly on this subject.

That all nature is filled with these little germs of life is true, and that no condition of disease or health is free from them is also true. We eat and drink millions of them daily. Not just organisms of one class but all kinds enter the stomach daily. The same God who made man also made the microbe. Now, is it not better to learn the nature of these little creatures? To study them as germ-life from their inception, thru their activity or morbid manifestations until they cease to exist, and thus ascertain the part they play in the great drama of creation.

I wish to ask a few questions of the microscopist, so as to get this vast question placed in a proper shape for a thoro analysis, laying aside all our prejudice and beginning the study in a rational manner.

1. Does germ-life exist without the proper conditions to produce the germs? Answer: Most emphatically, no.

2. Then, if the inception of germ-life is because there is a proper condition made to produce that living germ, and the conditions to produce the germ are the conditions to produce some special disease, are the germs the cause of that condition? Answer: Impossible; because it was the conditions which produced the germ and not the germ which produced the conditions.

3. How could the germs produce the conditions when the germs did not exist until after the conditions were produced? That point is settled in the manner instanced by those children examined by the microscopists in the London schools, in whom the germs were not in a condition to operate on the healthy throats, and the children were immune from diphtheria.

4. All physicians will concede that we have sporadic cases in persons who have not in any manner been exposed to the disease. How is that possible if the germ is the cause? These isolated cases have

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had no opportunity in any manner to become subject to any contagion. Yet the condition of the system developt the germ in the throat, and we have a true case of diphtheria. Is it not then patent to any rational mind that the disease is not dependent on any germ, but that the conditions of the system produced the germ? We are now gaining light on the subject of germ-life.

Anyone who will procure a good microscope and begin in a rational manner to investigate the existence of germ-life can prove absolutely beyond controversy that conditions produce germ-life and not germ-life conditions.* All things in this life depend on conditions, and conditions, in their turn, produce effect. Your existence depends entirely on conditions. If the conditions had not been observed you never would have been.

When we accomplish any act of importance it must have the proper conditions. If there should be a lack in any part of the act to obey the mandates of fixed law chaos is the result, and we only can get the result controlled by the fixed laws used by the conditions made or used.

If we plant a seed in rich soil, give it water, warmth and sunshine, it will germinate and produce the stock, branch, flower and fruit. Why? Because we have observed all the conditions of natural law. Now, if you plant that seed in the same soil but you fail to produce the moisture, the sunlight or heat, what is the result? I take this simple mode to prove that all things are controlled for a wise purpose by fixed law, and that fixed laws are God's laws. Man, in his finite weakness, cannot deviate from the fixed conditions of nature and produce any true results.

That all the microbes are the result of conditions and fixed law, and not the cause of condition may be proved in this way:

Take a piece of pure meat and seal it under a glass cover, admitting warmth, moisture and sunlight and it will soon teem with germ-life. It is a fixed law in Nature that there is a scavenger produced by that natural law to consume the septic poison of all decay. No matter whether it be of the genus homo, the lower animals, or vegetable, the same fixed law controls all Nature and has done so for all time, and will do so thru the endless ages to come.

*The conditions here spoken of are those of disease, and not the conditions which produce germ-life in Nature outside the human race.

It is false reasoning to assert that germs produce the conditions of any disease; but conditions will always produce the germ to which the conditions are adapted, this by the fixed laws of God. Now let us still carry forward this mode of reason from cause to effect. Let us take sugar and water, with a grape leaf (well cleansed) and place it in a temperature of 70° F. a few weeks. What is the result? Millions of germs consume the saccharine matter, and in its stead produce an acid called vinegar. Make your sugar and water antiseptic and what is the result? The sweet is changed to bitter, and you have no vinegar; nor can you produce vinegar if the substance is made antiseptic, the law is broken—the conditions are set aside—and there is no result. It is microbes that make all the ferment of vinegar, wine, yeast or bread. Bread without the yeast-spore would be a sad, unleavened mass, unfit for use.

All Nature is teeming full of those germinating life and fungi, which have their use in the economy of Nature. Conditions will always produce them, and, it matters not what the conditions are, some microbe will germinate to consume the septic poison produced by the conditions made, and thus Nature and Nature's laws are always an aid to the human race.

God has made the vulture as a scavenger for the sea shore, which it guards with zealous care. He also made the buzzard to consume the decaying flesh on the land, and we all know how well he attends to his duty. He has made many kinds of microbes, all in the same line of duty, to consume the deadly venom of disease and aid Nature to restore health.

Again, take low, wet ground which throws deadly gases and malarial poison, and you will find fungoid growths of vegetable form which consume quantities of the most deadly poisons which exude from the decay of vegetable matter. These are all friends of our race, and aid us to recover from many ills which would undermine our vitality and cause us to succumb to the ravages of disease were it not for the wise intervention of Providence.

W. F. Ball, A. M., M. D.

Mantua, O.

[Dr. Ball is apparently reasoning in a circle, and, tho clever, his argument is based on wrong premises. No life can spring from mere condition, not even germ-life. Condition may render germs innocuous for the time, but simply that

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their virulence is in abeyance for a time is no argument that it does not exist. That every minute circumstance of one's life is not constantly before an individual is no argument that he has not the power of memory any more than that we do not greet our acquaintances with a blow does not say that we have no *power* to strike. The inanimate can never be the fons et origo of the animate, but living matter may cast off inorganic matter. Until the final mystery of the meaning and method of life be solved, questions such as this must remain questions. Until such time, however, the greatest progress would seem to be in this line of research.—Ed.]

A Few Pointers on High Potencies—Criticisms and Replies.

Editor Medical World:—I want to thank the World for the very excellent editorials in the March number. They were needed by me as a rejuvenator. The proofs of the utility of vaccination are, of course, conclusive to all common-sensed persons. However, are not the means of obtaining immunity, as yet, crude?

Why should there be a necessity for creating an open wound, with the possibility of infection? Why not do as with anti diphtheric serum? Why not give it hypodermically, by the mouth or by rectum? Anti-vaccinationists would then have no cause for complaint.

That people have been infected with serious dyscrasias by vaccination no close observer will dispute, and these would not have been transmitted had the immunizing been conducted as with anti diphtheric serum.

The homeopaths claim to have obtained markt physiologic action from the thirtieth potency of vaccine virus. I have not tried this, but I have tried tuberculin and syphilinum.

I gave syphilinum, 30 x, to a child of five years. After the third daily dose she passt two handfuls of pin worms, but the parents became alarmed at other symptoms and stopt giving it. I continued to treat the child, and six months after I tried the syphilinum again. To my surprise, she passt more worms after the second dose, and continued doing so for a month. The effect of the drug was such depression and nervousness that the parents again stopt giving it, as they feared I had put her back where she was when I first began treating her, ten months previously.

Next, I tried it on a strong, healthy man. He had pruritus ani, erythema after shaving, some pimples on the body, pains in the chest and was subject to headaches. After giving him three or four remedies I experimented and gave him syphilinum, 30 x, one dose. He claims it made him sick inside of an hour, and caused an increase in all the symptoms with loss of appetite, nervousness and weakness for three days, during which he could hardly work. These symptoms gradually wore off during the week.

The tuberculin, 30 x, I give to patients who are ailing and who have a family history showing tuberculosis. It produces a rise of temperature, sometimes of 3°, and, if they are school children, they are kept at home for two days, after each dose, to lessen the shock.

I have learned this entirely from experience, because I was skeptical and did not believe other men's writings on the subject. If any of your readers are skeptical about this, as I used to be, and if you honestly want to find out the truth, try them yourself half a dozen times. I believe that tuberculosis must exist in order to obtain symptoms from the potencies of tuberculin. The same with syphilis and syphilinum.

There is a most surprising article in the Clinical Reporter, November, 1898, on the subject of "Oligodynamic Phenomena in the Living Cell." It tells of experiments covering a period of eleven years, 1881 to 1892, by Carl Von Nageli, of Zurich. The experimenter found that copper and brass were soluble in pure water and that spirogyra were killed in water containing 1-1,000,000,000 part of copper. This is equivalent to the ninth decimal potency, and, if it is capable of killing a living being, I firmly believe that it is also capable of producing physiologic symptoms upon the human being.

In diphtheria, I use a Coulter steam vaporizer, with iodin, chlorid of lime (crude), bromin or formaldehyd. The first three are contraindicated while there is suppression of urine. Formaldehyd must be used cautiously, as even small amounts are liable to produce pneumonia. I have seen it start the mucous rales several times by oral administration. When the kidneys act slowly and the system is being loaded with disease-poisons, don't forget apis mellifica or apium virus, 3 x. To make apium virus, 3 x:—Catch about 45 honey-bees and pull

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off 40 poison-sacs, by catching the stinger with a pair of forceps. Thoroly triturate these in ¼ oz. milk sugar, for an hour, then add 2¼ ozs. of milk sugar or common sugar and triturate half an hour more. I have seen two grains of this cause the passage of one quart of urine, within an hour, in a child of four years, with almost complete suppression from scarlet fever.

Any physician who has seen a child with diphtheria, cyanotic, pulseless and apparently gasping its last, and then seen the magic effect produced by a steam vaporizer, would not practice without one. I make a hood around the child's head with newspaper and fill it full of steam. It is the only thing worth using, except tracheotomy, in edema of the larynx. The heat and moisture stimulate the heart and other organs and produce diuresis and diaphoresis, while the medicaments permeate every part of the air-passages. Medicines are absorbed by the lungs immediately, and thus the possibility of not being absorbed at all by the stomach is avoided.

I use anti diphtheric serum occasionally in membranous croup and diphtheria. In scarlet fever, I have tried all kinds of baths, and have concluded on the following: For a very high fever give an ice cold sponge-bath, followed immediately by a hot pack. I do this by soaking a heavy woolen blanket in very hot water and wrapping it around the patient. Place cool cloths on head and give plenty of cool drinking water, or, if they can't drink, flush the colon with one to two quarts of 7-10 per cent. salt solution, at 75° to 90° F. This will accomplish the reduction of the temperature by a natural process, i. e., "diaphoresis," and at the same time rid the blood of considerable of the poisons. The delirium and fever will soon quiet down and probably not return. The restlessness is often caused or accompanied by suppression of the urine, and then give belladonna 1 x, apium virus 3 x, mercury bichlorid 3 x, or arsenic 3 x. Many other medicaments might be indicated, but these generally suffice.

Dr. Waugh does not mention that calcium sulfid has been used by homeopathic physicians for about 100 years, and that "liver of sulphur" was very old even then. We call it hepar sulfur, and 1-10 grain is too large a dose. It is excellent to prevent the formation of pus, and, after it is formed, to cause its disappearance. From 1 to 5 grains of the 2 x, every 2 to 6 hours, will produce rapid results. It should generally be preceded by belladonna or mercury. In chronic cases use the 3 x. It must be fresh. The calcium-sulfid tablets of commerce that I have tried were worthless.

Ringer and many other writers are constantly giving out new discoveries and refreshing our minds with old ones, long ago forgotten. How many times I see a homeopathic remedy discovered (?) by a regular, and its discoverer extolled for his alleged brilliancy. There are yet hundreds of things that the regulars have to discover from the homeopathic profession. The antidotal effects of gold and alcohol is a good example. It has been known among the homeopathic books for 40 or 50 years, but it was suddenly discovered by a regular, about 1880, who has made his fortune by the bichlorid of gold cure for drunkenness.

Dr. Holsteen is an observing physician. Many regulars would not have recognized the origin of the trouble. Quinin is such a harmless (?) drug with some people who are ignorant of its power. I think he could antidote the quinin by taking natrum muriaticum, 30 x, for about a week, three times a day, one hour before meals. He will feel better for it if it is the indicated antidote.

Dr. Fordyce Benedict might be benefited by studying the homeopathic indications for phosphorus in pneumonia. It is a dangerous poison, but, luckily, the phosphorus pills lose their strength in a short time. I use the ethereal tincture or the oil, and 1-1000 grain is a sufficient dose for most people. If any of the WORLD readers have patients who are working in turpentine or varnish, give them 1-50 to 1-200 grain of phosphorus a day, to antidote any poisonous effects. Those that I find have acute prostatitis, mucous rales in lung, with an oppressive feeling or soreness, backache, headache, anorexia and painful micturition. Belladonna and phosphorus will not cure it but will help them, while compelled to work at their trade, and almost nothing else will.

Dr. H. C. Sanders probably had 20 cases in which the forceps would have been beneficial.

In Dr. Thornton's case that died, was there any diminution in the quantity of urine? If so, a bichlorid of mercury douche, or one of carbolic acid was, contraindicated. Formaldehyd or listerin would have been better. Minute doses of

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the bichlorid will cause diuresis, but 1-100 grain or more will often cause suppression, and that would be a serious thing in such a case. Bichlorid, in a douche, is very readily absorbed and poisons the patient for hours afterwards. Why not curet the womb in such a case, as a last resort? This is the place for quinin, the chill of septicemia. Five to 10 grain doses is the best thing I know of when the case looks gloomy.

Glad to see the article by Dr. Wilder. I used to treat balanitis with lead acetate. It left the prepuce so thickened that the poor patients could hardly retract the foreskin, and I have discarded it forever in all cases.

Dr. Vezina's case appears, from so few symptoms, to be neuritis. I have cured such cases with phosphorus in two to four weeks.

My favorite neuralgia prescriptions are: homeopathic tincture of cimicifuga 1-10 gtt. four times a day, or:

℞

Fleming's tinc. aconit . . gtt. 16-32
Chloral hydrate . . . . . grs. 80
Syrup or malt and aqua . ℥ij

Sig. One every 20 minutes until relieved. Cover patient up in bed well.

or:

℞

Phenacetin . . . . . grs. 80
Acid salicylic . . . . .
Sod. bicarb . . . . . āā grs. 160
Green tinc. bryonia . . gtt. viii
Green tinc. rhus tox . . gtt. i
Glycerin . . . . . ℥iij
Aqua, q. s. . . . . ℥iv

Give one tablespoonful every hour till relieved, then four times a day.

Dr. J. A. Brady will probably relieve his case of angina pectoris with cactus grandiflora if he gets a good tincture.

I have stopt just such attacks as "Reader" speaks of by nitric acid and other homeopathic remedies. I always consider them catarrh of the gallducts or gallstones and treated them accordingly.

C. LOWELL.

Intestinal Antisepsis.

Editor MEDICAL WORLD:—I especially commend the sulfocarbolates in typhoid fever.

GEO. CANEN.

Samaria, Mich.

B. F. Shipley of Alpha, Md., says: "I like THE WORLD more and more with each issue, not only for its many valuable hints on the practice of medicine, but as a wonderful teacher on governmental principles. Keep on with the good work."

"Editor's Drawer"—Shall We Have a New Department?

Editor MEDICAL WORLD:—In renewing my subscription I thought to ask you a great favor. It is that you would institute an "Editor's Drawer" for the accumulation of medical certainties. The profession is acquainted with so few of them, and we long for them "as pants the hart for cooling streams." Might not the Drawer be conducted on this plan:

Each month publish three, four or more important facts, or reputed facts, with regard to, say for instance, the effect of a given remedy on a constant symptom in a certain disease and under given conditions: or on the pathologic condition underlying a given well-defined symptom, as demonstrated by postmortem or otherwise. Let the statement of fact to be investigated be put in the form of a question requiring, if possible, only the answer yes or no; and during the following month let every subscriber, who may have the opportunity, investigate the matter and reply, for the next issue.

Leamington, Ont. E. T. EEDE.

Empiricism vs. Fads.

Editor MEDICAL WORLD:—I see many of your contributors referring to the treatment of pneumonia in a peculiar strain, and this, together with some experience in a few cases recently, causes me to offer the following contribution on the subject:

First, I do not believe that the nature of the disease has changed, as suggested by some, but that it is the same now as a thousand years ago. But the treatment has changed, and the profession has swung from the too-depressing method of ancient times to an irrational fad suggested by a mercantile push of new medicines.

Not one of the writers, so far as I noticed, said anything about blood-letting, blister or tartar emetic, but many of them endorse veratria, strychnia and the coal-tar products. I notice that the same line has been adopted in some cases treated unsuccessfully, in this vicinity—coal-tar, strychnia, quinin, feeding, and in all stages, sthenic and asthenic, old and young.

What does the practitioner want with quinin, strychnia, coal-tar derivatives, stimulants and feeding in the acute stage of pneumonia? What is the condition? High fever, pain, congestion of lungs, dry skin, etc. The system is on fire and emunctories closed. The coal-tar deriva-

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tives depress and reduce fever in an unnatural way, but they only congeal the blood in the capillaries. They are not expectorants or diaphoretics nor febrifuges. Quinin and strychnia are tonics, and the reverse are needed. Stimulants and strong diet only feed the fever and are contraindicated.

Give tartar emetic, calomel, ipecac and Dover's powder and the symptons subside with wonderful rapidity. Do not carry this line of treatment too far, and omit the tartar emetic in treating children. Poultice or blister according to severity of symptoms and bleed if urgent and cyanotic symptoms. Hedge in at proper time with supporting treatment and the case recovers. Note the different ages of patients, of course, and the stage of disease.

In old subjects, and those with weak constitutions, give less of the depressants at the start, and if the lung is solidified with depression, carbonate of ammonia, senega and quinin come in all right. The patient will not starve.

I have met some ten or fifteen doctors hereabouts in consultation in pneumonia, and have not met one yet who even carries a lance or refers to tartar emetic. They choke the patients down, rather than loosen them up, and they lose nearly all bad cases. I pursue the opposite course and my cases recover.

A good starter is a thoro sweat with jaborandi, followed by a dose of ergot if there is hemorrhage from the lungs.

Clayton, Ill. H. J. PARKER, M. D.

[If Dr. Parker will carefully reread articles, editorial and otherwise, on pneumonia, in the last few numbers of THE WORLD, we think he will see reason to modify certain of his strictures. Progress is always "new fangled" at its start, and the best of medical knowledge is not always embodied in conservatism. The newer members of the medical profession are, for the most part, cautious, hard-working, conscientious men, and can give reasons for their therapy. Give the boys credit, doctor. Not all of medical science has yet been mastered, and thirty years from now perhaps some of the present day "faddists" will find their coal-tar and supportive treatment considered out of date by advocates of newer remedies, which they in turn may stigmatize as fads. But, thru it all, progress is made.—ED.]

Don't neglect to send all notes on treatment. They will be of value to somebody.

For Pneumonia.

Editor MEDICAL WORLD:—Present my compliments to THE WORLD family, and tell its members for me that if they want to save 95 per cent. of their pneumonia patients they should bleed them, as the "old fogies" did forty years ago. The patients will surely thank God and the man who invented the spring lancet.

Surely every monthly issue of THE WORLD carries in it a lesson to some one of its subscribers that is worth to him ten times the amount of the subscription, and perhaps a thousand times that much to his patient. G. F. HOOP, M. D.

Philipsburg, Pa.

Care of Clinical Thermometer.

Editor MEDICAL WORLD:—Carry your thermometers in water-tight case, a common hard rubber one is as good as any, and keep said case full of alcohol. Your patients will thank you and you will be positive of an aseptic instrument. I carry a small vial of alcohol in my case for this purpose, and it comes handy for many other things, also.

W. H. GLASIER, M. D.

Bloomington, Wis.

Concerning Thermometric Asepsis.

Editor MEDICAL WORLD:—Allow me to suggest to A. C. Matchette, M. D., of Bourbon, Ind., page 73, February MEDICAL WORLD, a very simple plan whereby the clinical thermometer may be rendered fit for the mouth of a king. Call for a cup of water, into which drop a few drops of creolin, then wash the thermometer thoroly in this water and all will be well as to duty. I hope the physicians who make use of a clinical thermometer at this period of time without first washing it, at least in clean water, are scarce. I am inclined to think that an act of this kind would render the perpetrator amenable to the law for malpractice, from the fact that Blackstone says all laws are founded upon common sense. C. W. MUSGROVE.

McKee's Half-Falls, Pa.

Opium Poisoning and Potassium Permanganate.

Editor MEDICAL WORLD:—I find in the MEDICAL WORLD a number of articles on potassium permanganate for opium poisoning, but very few giving dose and how often repeated. I have had two cases of opium poisoning lately which I treated

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successfully with the drug [named, both being in infants. Following is history and treatment:

January 14, I was called to see a child two months old, three hours after the grandmother had given it 3 drops of laudanum, of unknown strength, with 10 drops of castor oil, for diarrhea. I found the babe in a state of profound stupor from which it could not be roused; respirations 10 per minute and heart action very weak. Treatment was one grain potassium permanganate in two ounces of warm water, per rectum, retained for 15 minutes by holding finger on the anus. Immediately after it was expelled I repeated this, and it was retained for 30 minutes, the child showing decided improvement. I again repeated the dose, and it was retained for one hour, at which time the child seemed to have recovered from the effects of the opium, as it nursed and then slept for two hours very naturally. It showed no symptoms afterward of having gone thru the ordeal at all.

The treatment and result of the second case was same as the above.

Hughesville, Pa. D. E. KIESS, M. D.

Dr. Lloyd's Case.

Editor MEDICAL WORLD:—If E. L. Lloyd, M. D., page 539, December WORLD, will treat for tape-worm and remove the monster, I think he will have cause to congratulate himself on his success. He certainly quotes symptoms which to me indicate worms. Try this, doctor.

JOS. BURNEY, M. D.

A General Treatment for Diphtheria.

Editor MEDICAL WORLD:—During the past four months I have attended fifty cases of diphtheria, and under the following treatment ninety per cent. resulted in recovery. Every hour during the day and every third hour at night a spray of hydrogen dioxid was used from an albolene atomizer (an ordinary atomizer uses too little of the liquid). Calomel and soda were given to regulate the bowels, and after eating or drinking sulfur was blown on the tonsils from an insufflator. In some cases alcohol was used, in others not. Each physician must decide this point for himself. Inhalation of turpentine and calomel were used with benefit when any hoarseness was present. An opiate was given when necessary, preferably Dover's powder. Strychnin and digitalis were prescribed when indicated. All kinds of nourishment were given. A tar-poultice was used externally in almost every case, especially if there was much edema.

I never use swabs except with adults. After the membrane had exfoliated the following spray was used:

℞

Eucalyptol.	m xx
Menthol	grs. xx
Albolene	ʒi

M. Sig.—Use every four hours.

Two cases died of laryngeal complications; two of asthenia, and one of pure malignant diphtheria. My experience with antitoxin has been a 100 per cent. mortality.

Dark iodid of lime is *the* remedy for croup. H. CLAY CARSON, M. D.

Sugar Grove, Va.

[Your experience with antitoxin is amazing and contrary to the vast majority of reports. Can you give full details as to the number of cases in which you employed the agent, the stage of the disease, the character of the invasion, mode of administration, condition of patient at time of giving, the resulting symptoms, and any other clinical data at your disposal? The antitoxin treatment is a matter of great scientific import and demands thoro investigation, pro and con. Let us hear from you with full details.—ED.]

Lard and Strychnia—Reply.

Editor MEDICAL WORLD:—The efficiency of lard as an antidote to strychnia poisoning is not proven, in my judgment, by the articles of Drs. Blank and Hollis, in the February number of THE WORLD. I believe both are arguing from false premises. Dr. B's hypodermic injection of half a grain of morphia, and its subsequent use with atropia, had much more to do with the cessation of toxic symptoms than the lard administered. Likewise, Dr. Hollis' prompt emesis from a pint of lard wholly accounts, I believe, for the freedom from poisonous symptoms, and emesis from mustard, ipecac, or any other remedy, would have been equally efficacious. If a poison in the stomach is removed by emesis before its absorption in a pernicious quantity into the general circulation, how can you expect any toxicologic symptoms?

Salem, Ind. CHAS. W. MURPHEY.

[Dr. Murphey seems to overlook the fact that in Dr. Blank's case strychnia-tetanus, a condition not to be relieved by

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emesis, and proving toxic assimilation of the drug, had supervened, and was relieved after ingestion of the lard. Lard has chemic constituents as well as merely mechanical characters, it must be remembered.—Ed.]

Treatment of Incipient Phthisis.

Editor Medical World: — My treatment of phthisis in first stage is:

℞

Ichthyolis	ʒ vj
Tr. mucis vomicae	ʒ ij
Spir. menthæ pip.	ʒ iss

Mix and begin with 10 drops 3 times a day, increase one drop every day until 20 drops are taken.

Give codliver oil when the patient is able to take care of it. Also inhalation by steam atomizer of aromatic vinegar

℞

Oil of cassia	gtt. 10
Oil of peppermint	gtt. 5
Beechwood creasote	gtt. x
Alcohol	1ʒ

to the pint; used for from 5 to 20 minutes 3 times a day.

Overfeed and live outdoors as much as the weather will permit. Ichthyol increases the digestive powers, and stops the annoying cough. I have succeeded in curing three cases during the last year, according to bacterial examination of the sputum. P. H. von Zierolshofen, M. D.
Croghan, N. Y.

[There is no uncertain ring about the doctor's conclusions. His treatment is rational and if confirmed by bacterial examination, would seem fully demonstrated as to efficacy.—Ed.]

Scarlet Fever.

Editor Medical World:—Thirty years ago I began the use of sodium hyposulfite for scarlet fever. About twenty-three years ago we had an epidemic in this vicinity that carried off a number of children. In that epidemic I treated forty-three cases with the drug. I treated a number of cases before and have since treated cases as they presented with it, and have never lost a case. This is a boast backed up by lives. I believe that sodium hyposulfite is as much a specific for scarlatina as quinin is for chills or sulfur is for itch.

My rule is to put the sick and the well upon the remedy, giving about one and one-fourth grain for each year old to the sick every two or three hours, and to the well every four or five hours. Peppermint water and simple sirup disguise the taste better than anything else. The following is a good formula:

℞

Sodii hyposulf.	ʒ i.
Aq. menth. pip.	
Aq. dest.	āā ʒ ii.
Syr. simp.	ʒ iv.

Mix.—A teaspoonful every 2 to 4 hours for a child 6 years old.

Under this treatment the first case is the only severe one unless the second follows very closely. The last ones are hardly sick at all, and often do not go to bed.

If the drug physics, a drop of laudanum to every 5 to 8 grains will arrest this action. Complications receive the proper treatment and the hyposulfite is continued.

If the drug was used for scarlatina as quinin is for malaria very many lives would be saved and otitis and nephritis would be rare as sequels. Of course, a few cases will result in death, because the virulence of the poison kills before the remedy has time to act and because of complications.

Sodium hyposulfite is a good intestinal antiseptic, and, next to quinin, a remedy for malaria. I have also heard of its being recommended for smallpox.

Will someone give me a few formulas for fluid used in the treatment of hernia by injection? G. A. Harman, M. D.
Lancaster, Ohio.

Typhoid Fever.

Editor Medical World:—About thirty-five years ago, and just before I began the study of medicine, I attended a school which was broken up by an epidemic of typhoid fever. I and five other members of the family contracted the disease.

Those stricken, were, for the most part, treated by two physicians, one of whom lost most all his cases, while the other did not lose a single case.

I remember as main features of the treatment of the successful physician to have been: (1) cutting off of all diet; (2) immediate arrest of diarrhea and bowels absolutely locked; (3) ice applied to head and bowels.

I remember that I took a little wine and that, when askt if I could drink a little milk (toward convalescence), the doctor said, "No, not sweet milk, but a litle buttermilk diluted."

I remember that some of the patients of the unsuccessful doctor died from

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bowel hemorrhage, but I do not know what the treatment was.

My experiences and observations since have convinced me, however, that the hemorrhage was caused by careless diet and improper treatment generally.

And now a strange part of my narrative is that, during my study of medicine, attendance at college and my early practice of some years, my experience in the epidemic referred to entirely escaped my memory, until thru years of practice, extensive observation and innumerable consultations with other practitioners, study and observation brought me to adopt a course of treatment similar to the one followed by our old family physician. After evolving to my present plan gradually, then I exclaimed "Why, this is the successful treatment of thirty years ago!" I and the old doctor now came together, tho striving to get apart, as it seems, for so long a time.

How shall I account for my divergence from the old master, and what apology shall I offer for having possibly sent to an immature grave at least some patients whose lives were entrusted to my care, when right before my eyes, as it may have been, stood the spirit of departed greatness pointing a way that has never been surpassed in an age of "specific" invention and pseudo science?

My explanation is as follows: In the first place, the instructions in our colleges and the text-books vary very greatly as to the treatment of disease, and lay down rules very indefinite. They give the treatment of various authors and seem to expect the student to evolve his own treatment. Secondly, among practitioners the treatment is as various as the theories of authors, and there is a wonderfully strong disposition to egotism by all. My observation is, that when a man adopts a given line of treatment, he falls into a rut and is little inclined to get out of it, whatever his success and however rational a suggestion from others.

Thirdly, in most sections of the country and in most countries, typhoid fever is confounded with malarial ailments, and in its early stages ignorantly treated for that malady. I have known doctors, grey in the harness, to go thru typhoid epidemics and never know that they had treated a case of anything but "malaria."

Fourthly, the popular demands for purgation and the universal tendency of medical men to see the liver first in all ailments, and the prejudices of people against cold water and starvation, form strong barriers against radical departures from universal habituation, and often deter even a bold genius from adopting an independent course, and one which is objected to by the laity and questioned by consulting professionals.

Fifthly, the commercial rage to invent and to sell new "specifics" has had much to do in enticing man into irrational experiments, and away from more solid moorings.

Sixth, the general tendency of the age in the profession to support and nourish has caused the doctor to forget the old maxim, "stuff a cold and starve a fever," which maxim, tho based on empiricism, is nevertheless supported by the most scientific considerations as applied to typhoid fever.

Seventh, the microbe or bacteria craze has drawn the mind away from the simple and common sense fact that typhoid fever is a local inflammation.

Eighth, the progress of sanitation has caused men to rely too much on pure air and change of linen.

The chaotic and unscientific state of the professional mind on the treatment of typhoid fever may be seen by reflecting on the quinin craze of 1870, originating in Germany, which proposed the abortion of typhoid by a heroic dose of seventy grains of quinin, and which is about as rational as would be a proposition to heal an ulcer on the external surface of the body by the same method. It is seen in the various and successive proposed specifics that come and go from year to year, and it is seen again in the wide divergence between practitioners in their theories and practices as to diet and medication.

Is it not a little strange that with the experience of ages, the profession should not have approached something near exactness in the treatment of a malady which has always existed, which exists continuously and always will exist; which is and must be the same now and forever, in the past and the future, in its nature and in its effect on the human organism?

Now I propose to tell you why the old doctor who treated the writer many years ago was right.

He was right in his practice of cutting off diet, for the simple reason that in typhoid fever secondary (bowel) digestion is absolutely suspended and impossible, by virtue of an inflamed condition of the

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organs involved in that process. To feed a patient when food cannot be digested is but to bring irritating substances in contact with delicate diseased surfaces that require rest in order that they may heal. It is to add fuel to fire already kindled.

It has been proposed that a most fitting epitaph to the memory of a deceased member of the profession would be, "*He fed fevers;*" but I offer as one in memory and in honor of my old family doctor: "He never fed fevers; no, never!"

I never knew a patient with typhoid to die of asthenia (starvation). I have carried them thru two relapses (73 days) on whisky and water, and I have known overfeeding to kill numerous cases.

Of course, whisky is food, but it requires no digestion, and is seldom required in cases managed well at the outset. It is necessary only in cases of great prostration, weak heart, dry tongue and nervous exhaustion with high fever.

In prohibiting a milk diet especially he was right, because milk is a "feverish" diet, forms into curds and acts as an irritant, producing hemorrhage.

The entire profession has of late run mad on milk. I have met both allopaths and homeopaths who really boasted of how much milk they could feed a typhoid patient, and I have known them to administer more than a gallon in twenty-four hours, in tumblerful doses, and have seen many poor sufferers die with hemorrhage from its exhibition.

When I see a college graduate administer to a typhoid patient more milk than a healthy calf can suck, I feel that our legislative bodies are excusable for licensing osteopaths, or even those greatest of modern frauds, "christian scientists," and turning them loose on an over-confiding and gullible public.

Experience has taught me that my old doctor was right on the milk question.

A great professor has demonstrated that the administration of milk is followed by a notable decrease in the number of bacteria, from which it has been inferred that milk is a curative agent.

Yes, but this is because milk is constipating, and there are astringents that are more effective and at the same time free from irritating qualities peculiar to milk.

The old doctor was right.

He was right in checking the bowels immediately, because he thus also kept the parts in a state of rest and dried up the hypersecretions of inflamed glands, thus cutting short existing inflammation and preventing its spread.

Let the bowels run and the disease will run.

He was right in the use of ice or cold water, because it is the natural and most potent febrifuge. It is absolute and certain in all cases, and we need only to know how to apply it, which is, till we get the desired effect.

I appreciate the worth of cleanliness and pure air, of course, but if you neglect the application of cold, let the bowels run and feed the patient carelessly, you may have the advantage of all means of disinfection and all the linen in the store to draw on, while I will follow the plan of my old doctor, treat cases in crowded hovels, never change the linen, and even let the patient drink the same water from which the disease was contracted, and the result will be a wonderful per cent. of cures above you to my credit.

All of which I think I have seen demonstrated in a practice of thirty years, and in consultations with more than a hundred members of the profession.

In all my experience with the modes of treatment adopted by physicians with whom I have come in contact, those who have approached the nearest to the plan of my old family physician have been the most successful, while those who have departed the farthest from it have been the most unlucky.

Clayton, Ill. H. J. PARKER, M. D.

[There are many and various opinions concerning typhoid fever, and in these pages is the place to give expression to them.—ED.]

Membranous Croup.

Editor MEDICAL WORLD:—In the January Medical Brief, 1896, there was publisht a letter over my signature illustrating the evil effects of antitoxin in a case of membranous croup. The next month I received a postal card from Dr. V. E. Lawrence, of Kansas, to the effect that if I would use iodid of lime I would save my cases if taken in reasonable time. I immediately supplied myself with the medicine in ¼-grain tablet form, and waited for my next case. I have treated many cases of croup since that time, but the iodid has workt so effectively, that I have been at a loss to know whether my cases would have proved to be membranous if left to themselves or not. I am now prepared to report a (to me) remarkable case. February

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11, M. C., a little girl, aged six years, was taken with a cold, which was allowed to run along until the 18, when croup developt. This the mother treated until the morning of the 20, when she came to me in much alarm, and detailed to me the above history. I hastened to the case, and found a case of well developt membranous croup, and when I say this, I wish the reader to understand that it was *not* diphtheria or diphtheric croup. The diagnostic differences between the two are plain, and twenty-five years' experience with a considerable practice in both disorders, confirms my opinion, notwithstanding that Boards of Health, for commercial reasons, parade the assumption that they are identical. I found the usual symptoms, so well-known to the experienced doctor, and so much dreaded—rapid pulse, anxious expression, difficult breathing, metallic cough with tendency to cyanosis. I prescribed iodid of lime in ¼-grain doses in solution, every half-hour, alternated with dosimetric trinity, eight granules in twenty-four teaspoonfuls of water. On my return at night I found the child no better and on examination found that only nine doses of the iodid had been given. I explained to the mother the necessity of following directions faithfully and left the case for the night. On my return the next morning I found the case no better. I continued the medicines and added apomorphia 1-67 to the trinity. I saw the case four times that day and at night; finding that the apomorphia had produced a bronchial secretion that indicated danger, I stopt it, continuing the other remedies and increasing the iodid of lime to ½-grain each dose. Wednesday morning, the 22d, I found the symptoms increasing in gravity and cyanosis markt, tho the membrane was evidently softening. I continued treatment, adding calcium sulfid 1-6 grain every hour. At 4 p. m. I found the child comatose, cyanotic, pulse feeble, fast, and intermittent. I pronounced her dying, and the friends were called.

She lingered in this condition until 10 p. m., when she rallied and called for something to eat. At 2 a. m., Thursday, the father called at my house and reported the case, and wanted some more of "that yellow medicine," as they were out, and expressed the opinion that "she would pull thru." Thursday morning I found the pulse stronger, less cyanosis, breathing much easier. I continued the dosimetric trinity with one dram of echafolta added to the tumbler, and gave the iodid of lime in ½-grain doses, as before. She continued to improve in strength and the cyanosis gradually left, tho the metallic cough did not leave until March 1. I continued the last prescription to March 1, increasing the intervals of giving to one and two hours as the case improved. March 5, I discontinued the iodid of lime and left the patient on strychnia arsenate, iron arsenate and echafolta every three hours, and calcium sulfid, ⅛-grain, four times a day. I give full credit to the dosimetric trinity for its sustaining power and reduction of fever, but iodid of lime saved her life.

Unionville, Ct. E. M. RIPLEY.

Brown odid of Lime.

Editor MEDICAL WORLD—Enclosed find a year's subscription to your valuable journal. I feel as if I could ill afford to be without it.

I wish to heartily endorse every thing that has been said in favor of brown iodid of lime in membranous croup. Yes; I will "go them one better," and say, I have also had *excellent* results where the membrane was diphtheric when I used it in conjunction with nuclein (Aulde) calcium sulphid and morphin, with inhalations of slaking lime, etc. I have had no occasion for mechanical interference since I adopted the above line of treatment.

Walnutcreek, O. J. G. STUCKY.

Membranous Croup.

Editor MEDICAL WORLD:—Dr. Bordner asks what is the remedy for membranous croup? When I have a case of what *seems to be* membranous croup I use only two things: iodid of lime, and, to be certain, antitoxin, thus giving the patient the benefit of the doubt, and I am well pleased with the result.

W. H. JUDSON, M. D.

Danielson, Conn.

Christian Science as a Cure for Disease.

Editor MEDICAL WORLD:—The recent development of the so-called "Christian Science" treatment for all the diseases and disorders of the human body, wherein such a treatment has not only been advocated but put into practice in different parts of the world, should attract the attention of all intelligent and reasoning beings.

This comparatively recent discovery, must, as have all past discoveries, be subjected to the criticism of public opinion

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before it can become an establisht treatment and be put into practice.

Let us then, inquire into this remarkable treatment, if it may be called such, wherein the diseases of the body that are supposed to exist, may be made to vanish like the dew before the morning sun.

The principles of this strange and peculiar doctrine are that "matter does not exist—it being only a false conception of the human mind." "Nothing bad exists—it is only thinking makes it so." "Disease does not exist—it is only a false conception of the mind." "Pain and death are delusions which must be exorcised from the mind by means of the inculcation of 'truth'."

If these ideas are true, with what deluded beings God has peopled the earth, and instead of saying "all is vanity" we may say "all is delusion." From the child with colic to the old man with the gout, all is delusion. The person suffering with consumption is mistaken. He is perfectly well. The man with his joints all deformed with rheumatism is terribly deluded. He only thinks he has that condition. The boy with the aching tooth is mistaken. Although we may see the cavity and exposed nerve, he has no toothache. The man who falls in the street and is told that his leg is broken is perfectly well and able to go about his business. There is no such thing as typhoid fever, pneumonia, cholera, smallpox, etc. They are all delusions. We might go on with the many delusions that Christian Science tells us we have, but as our time and space is limited we will briefly glance at the results of the workings of this strange doctrine.

Mr. Harold Frederic, of England, died recently of rheumatic fever, while being treated by a Christian Scientist. Mr. Kershaw, of Tacoma, died of pneumonia—treated by a Christian Scientist. Mr. McDowell, of Cincinnati, Ohio, died of typhoid fever—treated by a Christian Scientist. Mrs. Brown, of Washington, D. C., died of an unnamed malady—treated by a Christian Scientist. Miss McKee, Cape Vincent, N. Y., died of pneumonia while being treated by two Christian Scientists. Miss Potter, of Northern New Jersey, died of diphtheria, was treated by her parents, both Christian Scientists. The other children who contracted the disease were saved by medical treatment.

We have only mentioned a few of the number of cases reported where the persons afflicted have died while being treated by Christian Scientists.

What shall we say, then, of this new idea that disease, pain and suffering do not exist, although we see plainly the evidences of such, every day? What shall we say regarding the treatment of human beings without the use of the necessary means given us, and depending upon divine help and making the afflicted believe that their malady does not exist?

There is but one answer to these questions, and that is that Christian Science as applied to the cure of disease is a perfect farce, and those practising this or treating the sick by such methods or means, should be prosecuted according to law.

The evil resulting from such a nonsensical treatment cannot be estimated. That disease and pain do exist, whether we think so or not, is true. What nonsense it would be to try and make a man believe that he was perfectly well when the body is racked with pain and tortured with disease, and where is the argument? For if the afflicted being did honestly believe himself well, it would not change or retard the dissolution of the body and the pathologic changes that we know take place.

How are we to estimate the great injury done by the lack of medical treatment, when we do know that many diseases, when treated early, are cured?

The theory of Christian Science as applied to the treatment of disease, like the many other fads of the past, must soon cease to exist. Such unreasonable ideas have their day and die. For no matter what the theory may be, practically, it is a perfect failure. Sensible and intelligent beings cannot be misled by such false doctrines, which are but the delusions of fanatics.

H. N. Potter, M. D.

Burlington, Vt.

Carbolic Acid Treatment of Burns.

Editor Medical World: — In 1881 I burned my hand with some melted lead. I wet the burned place with the pure undiluted carbolic acid crystals. The place turned white, the pain ceast entirely and instantly, and with only a piece of lint-cotton and a light bandage in four or five days the place was well. Since then Dr. Oscar Allis, of Philadelphia, read a report (1893) before the County Medical Society of Philadelphia, by myself of several severe cases treated in the same way.

The process is this: The pure crystal car-

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bolic acid, reduced to fluid, is painted over the burned surface with a feather. The place turns white by the acid forming, with the blood serum, an *impervious coating of the wound —a new skin.* At the same time the acid is a local anesthetic to the wounded nerves. It looks unreasonable that a fluid that will burn healthy skin should instantly cure fire-burned skin; but so it is. It forms a chemical compound with the serum—the same as it forms a chemical compound with gum camphor and becomes a soothing application (campho-phenique). Bear in mind that you must not use the acid that has been treated with 10 per cent. water or glycerin to keep it from crystallizing but use the *solid crystal* which, with a little warming, becomes fluid. When carbolic acid *cooks or burns sound flesh* the remedy is vinegar or vaselin and acetic acid.

Doctors, should you have a case of scald or burn to treat, report the mode to your medical journal for the benefit of others who may not, like yourself, have tried it. It certainly is a curiosity. I had a case of a man who burned the whole under side of his arm with steam from the trial valve of his boiler; all the skin was gone. In ten minutes from the time I got to him he was whistling a tune while he went on with his work as engineer. Relief is instantaneous.

Brodnax, La. DR. BEN H. BRODNAX.

Treatment of Cancrum Oris.

Editor MEDICAL WORLD:—During the past 30 days I have resorted to the official hydrochloric acid in the treatment of cancrum oris, and I am glad to say that I have never found any application so useful or so effective. Neither nitric acid, silver nitrate, nor potassium chlorate, nor any other remedy that I have ever tried or used, except hydrochloric acid, proved to be of the least use to check the condition. I have only tried it in three cases, but I have as yet failed to find a single case that was not checkt immediately after I began to use the acid. Nor does it cause so much pain or suffering to the little patient as one would suppose, seeing that the gangrenous spot is almost entirely without feeling at this time. This acid is easily applied to the ulcer by means of a feather or small camel's-hair brush. I have only seen three cases of this disease since I came to this city, but I am happy to say that I have cured all of them by this means. I would like to hear from others on the same disease.

Knoxville, Tenn. J. S. SMITH, M. D.

Treatment for Intestinal Indigestion.

Editor MEDICAL WORLD:—On page 122, March MEDICAL WORLD, a "Reader" asks opinions as to the disease of a patient. I will ask the doctor to examine his patient a little closer and see if he won't find an intestinal indigestion with a uric-acid diathesis due to imperfect elimination. If such is the case I would advise the following:

℞

Pulv. rhubarb	ʒss
Ext. gentian	gr. xx
Blue mass	gr. vi
Oil cloves	gtts. vi

M. Ft. pills No. 20. Sig. One morning, noon and night, before meals.

Follow the above with

℞

Muriatic acid	ʒi
Nitric acid	ʒss
Aqua dest	ʒii

Mix well and add 20 grains of potassium chlorate.

Give 10 drops in half-glass water morning, noon and night, after meals.

He can continue this treatment without any inconvenience until he gets perfect digestion and proper elimination establisht.

I think Dr. Fowler, upon the same page, must be mistaken in his diagnosis of diabetes mellitus in so young a subject. There must be some complication in connection with this case, as I never knew as young a subject to be prostrated in so short a time. He should test for sugar and look for tube-casts. Possibly it may be an enlarged kidney without any inflammation. The prognosis is more unfavorable in young subjects in whom there is a tuberculous diathesis. E. T. LEWIS, M. D.

Woolworth, Tenn.

Ammonium Chlorid as an Antidote for Snake-Venom.

Editor MEDICAL WORLD:—Apropos of rattlesnake-bites, remedies, etc., I give the following: A few years ago a man visited our city with a collection of rattlesnakes. While giving an exhibition one evening he was bitten by a large one on the wrist. He took out a hypodermic syringe and injected some kind of a fluid in several places around the puncture made by the fangs and also took a swallow of the liquid from a bottle he carried. Aside from a slight swelling there was no inconvenience experienced by him. I resolved to find out what he used, and in

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conversation with him afterward I learned that it was nothing more than a solution of ammonium chlorid.

Thinking there was some deception about it I suggested that he had previously extracted the snake's fangs. He then brought from a taxidermist a snake that had just been captured and let it bite him just over the eye. He proceeded as before with the same result. We then extracted some virus from one of his snakes which had died from being bitten by another and tested it with litmus paper, finding it exceedingly acid in reaction. By pouring into it and mixing a solution of ammonium chlorid it was neutralized. My idea is that the virus of the rattlesnake is a powerful acid (probably formic) which destroys the blood-corpuscles; consequently the heart supplied with such blood becomes weakened, and this accounts for the extreme depression. Ammonium chlorid being a strong alkali and also very diffusible would neutralize the acid and at the same time act as a rapid and effective stimulant. The man himself did not know why it was an antidote nor did he sell the secret. GEO. E. WELCH, M. D.

Palatka, Fla.

A Heaven For One Doctor.

Editor MEDICAL WORLD:—An angel had been sent to call the doctor from labor to reward. He had served the people faithfully and well; had gone to see them at all hours of the day and night in all kinds of weather. Had made moderate charges and waited patiently on them. Had sympathized with them in their afflictions, mourned with them in their sorrows, rejoiced with them when restored to health. Before leaving for heaven the doctor asked if he could visit the regions below. Permission being granted, while the angel waited outside, the doctor went in to look around.

Having been gone an unusual length of time, the angel went to look for him, and found the doctor seated fanning himself and watching a lot of people burning in one of the hottest fires in the place, while a look of supreme bliss lighted his face. The angel lookt, and over the door was the sign, "These are people who did not pay the doctor." The angel toucht him and said, "Come, let us go." With a radiant smile the doctor said, "You go on; this is heaven enough for me."

DR. EUGENE H. WINKLER.

St. Charles, Ark.

For Rheumatism.

Editor MEDICAL WORLD:—One of the best liniments, particularly in rheumatism, is the following:

℞

Raw petroleum	ʒ iii
Gum camphor	
Oil wintergreen	
Concent. sulfuric ether .	āā ʒ ss

Sig. Use only the bare hand with plenty of friction.

The late Willard Parker used to tell us, when apologizing for the use of liniments: "Tell them to rub it in freely; we know as a rule that most liniments that are volatile pass off in vapor, but they will not rub thoroly unless they are told to rub it in." A local undertaker here who uses the liniment for his recurrent rheumatism says: "It is the best thing out," and in further testimony of its efficacy he states that when he has "an unyielding cadaver to soften up," he rubs on this liniment and then he can "fold his 'stiff' in any direction."

Rahway, N. J. ELIHU B. SILVERS.

The Effect of Peanuts on the General Health.

Editor MEDICAL WORLD:—I have lived for 25 years in what is known as the "Burnt District" of Tennessee, where the famous Tennessee red peanuts are raised by the thousands of bushels. These nuts are freely eaten by the people, raw or just as they are picked from the vines, and also form a staple for feeding hogs and fowls.

In all the time that I have lived in this section I have never seen a case of croup or quinsy among the children who had free access to the peanut "patch," nor a single case of hog quinsy or chicken gapes where these animals had all they wanted of the succulent nut.

In roasting the nuts, the oil is evaporated, and I attribute the apparent healthful action of the nuts to the oil which exists unchanged in them when eaten raw. Has anyone else ever observed anything in this matter? E. T. LEWIS, M. D.

Woolworth, Tenn.

Don't send subscriptions on a postal card. Save your card and save us trouble. When you want THE MEDICAL WORLD badly enough to pay for it, send the price and your order will be promptly filled. There is only one right way to subscribe—do it in the right way. The postal card fraternity have been increasing of late, and they are a nuisance in an office conducted in a business way. The humanitarian question is a different thing. If you can't pay full price, send what you can and write in full, and you will not be overlookt.

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Quiz Department.

Questions are solicited for this column. Communications not accompanied by the proper name and address of the writer (not necessarily for publication) will not be noticed.

The great number of requests for private answers, for the information and benefit of the writer, makes it necessary for us to charge a fee for the time required. This fee will be from one to five dollars, according to the amount of research and writing required.

Diphtheric Cardiac Paralysis.

Editor MEDICAL WORLD:—My prescription in Dr. Brice's case, February WORLD, page 71, should have been, bismuth five drams and water four ounces. Please make correction.

I have had some experience with scarlatina and let your readers have it for what it is worth. When fever runs high with great prostration I use the cold bath; beginning with the water luke-warm, place child in bath, then add cold water until water is about the temperature of ordinary well-water. I have had cases in which the clinical pictures of both diphtheria and scarlatina were combined, showing the high fever and the rash peculiar to scarlatina with the extreme prostration and the thick membrane on the throat indicative of diphtheria. I wish to cite two cases treated some five years ago in the Sacramento Mountains of New Mexico.

Upon arrival at the house I found one of the patients with a light membrane on the throat and a very feeble pulse; the other patient had a very heavy membrane on the throat but a good pulse; I remained at the house for ten days. The first patient was well enuf to sit up in bed at the end of this period, but the second patient appeared rather weak, yet seemed to be improving slowly as the membrane had nearly all left the throat and her appetite had improved considerably.

My principal medication to the throat was hydrogen dioxid, 15-volume solution diluted with pure water in the proportion of one to six. I gave bitter wine of iron in teaspoonful doses four to six hours apart, and stimulants as needed, with strychnia as a heart tonic. The bowels were kept open with calomel, lactated pepsin and soda bicarbonate, and whisky was given as needed. A liquid diet was enjoined.

When I took leave of my patients they were apparently both on the road to recovery. Eight days from the time I left, I was again summoned a distance of thirty-five miles from the office to see the second patient. When I reacht the house the patient had been dead some time. At two o'clock on the day of the patient's death her mother had given her two large griddle-cakes to eat and in three hours from that time the patient was dead. In conclusion I would say, insist on liquid diet and treat symptoms as they arise.

Sipe Springs, Tex. P. E. GOLD, M. D.

[The instance cited seems to be a case of diphtheric cardiac paralysis following an attack of indigestion. The effect of an overloaded stomach upon the action of a weakened heart is well known.—ED.]

Chronic Coryza.

Editor MEDICAL WORLD:—Will you ask, thru THE WORLD, formulas for the treatment of chronic coryza?

I particularly like your January and February numbers. They contain much valuable information.

Winamac, Ind. DR. E. G. SMITH.

Vaccination During Pregnancy.

Editor MEDICAL WORLD:—Will you please state in your quiz department the objection to vaccinating a pregnant woman between the sixth and ninth months of pregnancy, or at any time during pregnancy. B. A. POPE.

Newsoms, Va.

[There is often some systemic disturbance attending successful vaccination, and this might have an unfavorable effect upon pregnancy.—ED.]

Attacks of Petit Mal?

Editor MEDICAL WORLD:—My boy, 12 years old, has been affected with an epileptoid state for fifteen months, the attacks varying from one to four months apart, getting farther apart all the time under the continued use of the bromids. He is very muscular and well nourisht, weighing 100 pounds. For the last three months he has had a nervous, tingling sensation in his feet and legs, gradually passing upward until now it has involved his entire body. It only lasts a minute or so at a time. He has from five to twenty a day, with dribbling of the urine and ankle-clonus during the time of the attack. It was first thought by some to be choreic trouble, but that idea is given up now. Several neighboring physicians have seen him. But we are at sea now for a diagnosis.

Put this before THE WORLD fraternity for diagnosis and treatment, as I am quite anxious to learn something about this most strange affection. Regarding the treatment heretofore, aside from the bro-

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mids (which he has taken all the while), he has had Fowler's solution and cimicifuga and peptonated manganese (Wyeth's) for a tonic, for which purpose it served well, altho it had no affect on the disease. His appetite remains good. He is cheerful and playful all the time and doesn't seem to realize his condition, tho he is unable to stand up during his "spells," as he calls them. The only thing he knows is a hot, dizzy feeling in his head, and then the tingling. He is never unconscious, nor has he had any febrile disturbances. I hope some one will give me some light and comfort. J. T. WATSON, M. D.

Parker, Tex.

[Dr. Watson's case is referred to THE WORLD family for decision. All the symptoms seem to point to a trophoneurosis, possibly involving the cord, and entailing a general disturbance of the vaso-motor system. Still the trouble seems more functional than organic. As the child is approaching the age of puberty, some of the conditions may be referable to the systemic changes incident to that period of life. It would be well to make a thoro examination of the genitals in order to discover whether reflex action may not be at fault.—ED.]

Delirium and Hysterical Symptoms Following Influenza.

Editor MEDICAL WORLD:—Allow me to present the outlines of a case that has caused me much worry about making a diagnosis.

The patient is C. S., white, male, aged 18. The parents are free from any constitutional ailments, but an older brother had two attacks of insanity, cause not known. The patient is well grown for his age, and generally healthy.

January 1 last, while waiting for a train, he contracted a cold, which progresst and was treated by his parents. January 10 I received a note from his father stating that his son had had a cold for the past two weeks, but that it was broken; he then had no fever, the cough continued and he was generally reduced; circulation feeble and no appetite. I concluded his case to have been influenza, and prescribed a cough-mixture and a tonic with strychnia. On the night of January 14 I was called to see patient and found him wild with delirium, which had been gradually coming on since early in the day.

I could find no cause to account for his condition, unless it should be an effect of the influenza. There was no elevation of temperature, the pulse was strong and beat 95 or 90 to minute, the respiratory sounds normal, the cough having about disappeared. The patient could be quieted by talking to him, and would answer at times very intelligently, but as soon as one would stop fixing his attention he would begin his wild, rambling talk, that would increase to a whoop or a yell if no attempt was made to control him.

I prescribed potassium bromid in liberal doses, with no apparent effect, and after several doses left it off and gave sodium bromid, with a little better result. I concluded conct. tr. passiflora incarnat. to be the proper agent and gave in 40 drop dose, which gradually brought on quiet but not much sleep. This delirium lasted for three days before it entirely left. From now on he gradually improved, and in a week's time was able to be up and about the place.

February 7 the father called me again, and this time I found the patient the opposite of my first visit. He was inclined to sleep continually, and was aroused with some difficulty, but when aroused would answer correctly; made no complaint except that his neck felt as if it was broken. The tongue became heavily coated and the breath was very foul, almost as offensive as in a case of ptyalism. The bowels were hard to move. The eyes appeared intolerant of light, and a conjunctivitis developt, with a slight purulent discharge. This sleepy state passed off gradually, in three or four days, but not completely. In about ten days he seemed to relapse, and this sleepy condition returned, more markt than the first. This passt off in about three days, and, as before, not entirely.

He now lies in bed in any position that he may be placed, eats well, and, I think, has gained some flesh and strength. He never speaks only to answer questions or to ask for water or food; the latter he has considerable desire for. He speaks very low, unless requested to speak loud, and that appears to require some exertion.

At no time from January 14 was the temperature elevated more than one-fifth degree. The pulse is generally from 65 to 75, and the respirations are unaltered. The tongue when protruded is always straight out, and remains until told to withdraw it. He always had the use of his limbs, and sensation is unaltered to an appreciable extent.

Slight twitching of the muscles in one

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side of face was noticed once. The mouth is allowed to open when lying on back. Saliva is profuse at times.

Hoping that I have sufficiently outlined the case, I will call on some of the many readers of THE WORLD for a diagnosis and suggestions as to treatment. As it will be some time before a reply can be made in the WORLD, I would be glad to hear from any that can give me any advice, particularly Dr. Waugh or the editor, by letter.

Whiteville, La. H. C. MILBURN, M. D.

[It seems quite probable that you have to deal with one of those cases of nerve-weakness and impairment that not unfrequently follow upon influenza. There seems quite an hysterial type to some of the symptoms you recite. Can you not try the effect of suggestion as an aid in diagnosis? For instance, say in a tone that will reach the patient's ears, that you expect certain symptoms (producible, of course) to appear, such as protrusion of the tongue to one side, elevation of one eye-brow, a peculiar posture to be assumed, or the like; the suggestion being delicately made, in a way to lead the patient to see they may be necessary for continued belief. Then watch for their production. If they come, you have a genuine case of hysteria of the neurasthenic type, and you can treat in accordance, always bearing in mind that hysteria, tho simulative in its manifestations, is a real disease and requires careful treatment. The hysteric may simulate but is not necessarily a malingerer. The normality of pulse temperature, respirations, appetite, etc., seem to point to functional trouble due to weak nerve-action.—ED.]

Puerperal Eclampsia With Hematemesis.

Editor MEDICAL WORLD:—Allow me short space for me to report a case which I was called to see, April 2, 1898.

Mrs. A., aged 42, was in her seventh confinement, and all had passt off without any trouble worthy of mention. The boy who came for me said she had been having "fits, and if we didn't hurry up, she would die before we got there." On my arrival I found the patient very nervous and labor-pains coming on about every 5 or 6 minutes. I could not get any history or subjective symptoms from her, as she was delirious. I gave her a hypodermic of veratrum viride, 12 drops. When the needle toucht her she had a convulsion, which lasted about 30 seconds or a minute. She became quiet; the pains continued with good force, and she was delivered of a nine-pound baby in six hours after my arrival. Her mind was clouded from the first convulsion and continued to get worse. She began to vomit, a black coffee-ground stuff, and continued this until death relieved her at 6 a. m. next day.

The first and only dose of veratrum stopt the convulsions and all symptoms of nervousness, but she could not be aroused to consciousness by any method, and the vomiting could not be checkt except for a short time. Notwithstanding all this, labor progressed nicely and the baby was safely delivered. The mother died in an hour after delivery, but the baby is living and doing well now. I have treated patients for puerperal convulsions with good results, but this is the first case that had the "black vomit." If there had been any yellow fever in the country I would have suspected that she had it, but she had been having chills for three weeks previous to the confinement and had had nothing to prepare the system for the occasion. She had a temperature of 103° F. and pulse 130. The skin hot and dry, but after the hypodermic of veratrum the skin got moist and the temperature went down to 100. The placenta was delivered and was perfect. There was no external hemorrhage more than was necessary. What was the cause of death? The pulse didn't indicate concealed hemorrhage. Strange to say, the convulsions and vomiting didn't seem to impede or have any effect on the labor. And as she was so far advanced in actual labor I did not think it advisable to give anything to unload the bowels or arouse secretion of liver. All that I thought could be done was to stop the convulsions, keep patient quiet and let labor progress as it was doing very rapidly.

I would like to know if anyone else of the WORLD family has had a similar case and the treatment they used.

The WORLD is the best journal that comes to my office.

Lyon, Miss. W. T. MILSTEAD, M. D.

[It would be extremely difficult to assign off-hand a reason for so unusual a condition as that related by Dr. Milstead, but doubtless the malarial condition referred to was the causal factor of the hematemesis. Was there any postmortem? What was the state of the urine? The color of the skin and conjunctivae? Was there any bright blood mixed with

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the vomited matter? Was the grumous matter blood, or was there any history of the patient having eaten anything to give that appearance to the vomit?—ED.]

Dr. Ludwig Fritsch, of Evansville, Ind., wishes to ask: "What is the future of medical science and art?"

Also: "Did the Lord create bacilli, bacteria, etc., first? or did they come into being as the result of disease after man's appearance upon earth?"

[The editor will answer these questions by simply saying that he doesn't know. For the answer to the first question we will simply have to wait and see. Every decade brings great changes in the practice of medicine. What future changes will be, in either the science of medicine or the sociologic relations of the medical profession, no one can say. On the second question we will not speculate. Let the biologists answer.—ED.]

Points in Eclectic Practice.

Editor MEDICAL WORLD:—Will be much obliged to the eclectic readers of THE MEDICAL WORLD who will explain the following to me:

Dr. Scudder, in his "Specific Medicines," recommends bryonia for the right side and rhus for the left side as remedies for headaches. Now, since the equilibrium of the brain on both sides of the head is, according to physiology, the same, then why does Dr. Scudder give different remedies for the right and for the left? Why not vice versa? He does not explain his reason, and I would like to know what his purpose is. H. ROSAHNSKY, M. D.

Brooklyn, N. Y.

Diabetes Mellitus.

Editor MEDICAL WORLD:—Have any of your medical family had any experience with "Allouez Spring Water," of Green Bay, Wis., in diabetes mellitus? If so, wish they would report. I have two cases of that disease and am anxious for the best treatment. F. D. BADGER, M. D.

Coventry, Vt.

For Removing Stains Caused by Urine.

Editor MEDICAL WORLD:—Will some of your readers give me a formula for removing the stains on woollen cloth caused by the dribbling of urine?

Virden, Ill. J. R. TROTT, M. D.

Formulas.

[In our issue for November, 1897, we began republishing the formulas for the leading advertised nostrums. We do this believing that physicians have a right to know what the people are taking, and that they *ought* to know in order to administer proper antidotes if called in case of an overdose, which often happens, particularly with the various soothing syrups given to children. Back numbers can still be furnished to those who wish the series complete.]

Formulas Wanted.

For fluid injections in treatment of hernia; for the Globe Hair Restorer, made by the Globe Manufacturing Company, of Grinnell, Iowa; for the Ne Plus Ultra Face Beautifier.

A subscriber sent us a suppository that is being used in his vicinity for "female complaints." A chemist of our acquaintance very kindly submitted it to some tests, and he says: "All that I can make out of the suppository is that it contains some fatty matter with borax. It may also contain some vegetable extract." Perhaps this is jequirity, as most of these remedies contain this drug.

WESTERN "RECTAL SPECIALISTS."

The modern Western "Rectal Specialist" is a lineal descendant of the original pile doctor. He uses still, in common with many reputable physicians, the hypodermic method in treating piles, but his evolution has proceeded so far that he now undertakes to treat other common rectal diseases as well, in a fashion peculiarly his own, and suited rather to his own convenience as an itenerant, than to his patients' real welfare. He no longer buys his secret and local right to practise, but invests from fifty to one hundred dollars in one of the "systems." He thus obtains a complete set of instruments and a small secret manual of instructions, which "enable persons of *no particular skill* to treat successfully all rectal diseases." As a matter of fact, many of these persons are not medical graduates at all, but mere adventurers, whose entire knowledge of their specialty consists in what their little book of instructions has furnished them. In some instances the itinerant is not allowed to know the composition of the various remedies directed by the secret pamphlet. He must buy them of the author of the "system," thus continually paying him tribute. Several of these "systems," by underselling each other, have greatly reduced their prices, so that from three hundred dollars they have now fallen in price to fifty and even less.—Andrew's Rectal and Anal Surgery.

VELPEAN'S COMPOUND FOR TREATMENT OF GONORRHEA.

The formula for Velpean's Compound was given me several years ago by a friend. The drug stores have destroyed their old prescription files, and I have lost my copy. After putting it up for myself a few times, I found that if I followed a certain plan in making the compound, the resulting mass was always what I wanted.

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This is how I do it. An ounce block of carbonate of magnesia is shaved down with a knife, and all the little lumps broken up thoroly, the whole being reduced to a powder. This is done on a marble slab. Balsam copaiba in teaspoonful quantities is added and worked in with a strong spatula, until the mass is stiff enuf to be taken in the hands and kneaded without sticking. The dough is now rolled in powdered cubebs, and as much workt into it as well can be. Dose, a piece the size of the last joint of the little finger, after meals. It never disagrees with the most delicate stomach, and stops the scalding in twelve hours.
—Dr. Hyatt.

I notice Dr. Hyatt gives in a short and concise form the formula for Velpean's mass or compound. I have filed in my prescription book the doctor's original copy, which I think is superior to the one he gives.

I learned after several days' compounding, while a student in Dr. H.'s office, that it was impossible for the magnesia to be reduced sufficiently with a knife and my fingers to work well, owing to the small lumps. After shaving off an ounce block, I devised a plan of my own, which I have used ever since. This is how I do it: Take an ordinary sieve, turn it bottom up, rub your block of magnesia over it; then the magnesia will fall thru the perforations of the sieve on a marble slab, placed beneath for this purpose.

Take of—
Oil copaiba .....6 fl. oz.
Magnesia carb. .....sufficient
Make into a putty-like paste, then gradually add—
Powd. cubebs..... 1 oz.
or more if desired.
Powdered opium ..... 7 oz.
Dried sulfate of iron.....100 gr.

Mix. Dose.—A piece the size of a peanut, or last joint of the little finger, after eating.—Dr. Gates.

[Correspondence in former issues of THE MEDICAL WORLD.]

WALKER'S VINEGAR BITTERS.

The following closely approximates:

Take of—
Powd. golden seal ..... oz.
Powdered aloes, cape..... ½ oz.
Water.....16 oz.

Bottle up, tie the cork down tightly. Ready for use in ten days.—The Drug Mill.

Walker, the proprietor of Vinegar Bitters, worked the "temperance dodge" for all it was worth, and succeeded, during the period from 1868 to 1873, in selling more bottles of a villainous, turbid, disgusting sour swill, under the pretext of its being medicine, than any other quack nostrum maker before or since. We believe it has a very limited sale at the present time.—New Idea.

WAYNE'S DIURETIC ELIXIR.

I see in November WORLD the formula asked for. I used it ten years, but found the price too high. I now manufacture it myself for half the price, and find it identical, producing the same results. I have put it up for sixteen years, and know it to be a good diuretic.

Take of—
Potass. acetate .....3 oz.
Fl. ext. buchu .....3 oz.
Fl. ext. juniper .....1½ oz.
Simple syrup, sufficient to make ..1 pint.

Mix. One dessert spoonful three or four times daily.—Dr. Crider, in a former issue of THE MEDICAL WORLD.

PLEIS'S FIT POWDERS.

Are said to be:
Bromide of potassium.....15 gr.
Powdered gentian ..... 5 gr.
Mix.—Make one powder.—The Drug Mill.

POPE'S CURE FOR NEURALGIA.

Take of—
Iodide of potash .....4 dr.
Extract of conium ..... 1 dr.
Comp. tinct. of cinchona.....2 fl. oz.
Syrup of sarsaparilla .....4 fl. oz.
Mix.—Teaspoonful three times a day.
—National Druggist.

LEE'S ANTI-BILIOUS PILLS.

Take of—
Calomel .....30 gr.
Jalap .....60 gr.
Gamboge .....12 gr.
Tartar emetic ..... 3 gr.

Beat into a mass and make into 24 pills, mix with gum arabic or extract of dandelion.

Dose—3 to 5 pills as a purgative.

By substituting podophyllin in the place of calomel (same quantity) it makes a safer and better pill for common use. Dose— 2 to 3 pills. —Secret Nostrums and Systems.

LINIMENT FOR MAN AND BEAST.

Take of—
Powdered myrrh .....1 oz.
Powdered aloes .....1 oz.
Balsam fir.....1 troy oz.
Alcohol .....8 fl. oz.
Mix.

Trask's Magnetic Ointment.

Editor MEDICAL WORLD:—Can you give the formula for "Trask's Ointment?" This ointment is used extensively by the laity here as a local application to neck and chest in croup (spasmodic) and bronchitis. It seems to thoroly relax the patient and apparently gives relief, but I have seen some very alarming symptoms follow its use, such as obstinate nausea and utter collapse. It is a black, heavy ointment, having a peculiar odor, and I think it contains tobacco or antimony—possibly both. I wish to say that I would not give

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THE WORLD for all the other journals that come to my desk.

[Kilner gives the formula of "Trask's Magnetic Ointment" as follows: "Lard, raisins and fine cut tobacco, equal parts. Simmer well together, then strain and press out all from the drugs."—ED.]

Easton's Syrup of Phosphate of Iron, Quinin and Strychnin.

According to the Rocky Mountain Druggist, the following formula in Denver and many other parts of the country has superseded the old and tedious process of Dr. Easton:

Tinct. chlorid iron	5 fl. dr.
Quinia sulfat	½ av. oz.
Strychnin sulfat	3½ gr.
Phosphoric acid, 85 per cent. .	1 9-10 av.
Syrup enuf to make.....	20 av. oz.

Every pharmacist has observed the chemical change which takes place when phosphoric acid is added to tincture of chlorid of iron. A phosphate of iron is formed with an unimportant quantity of hydrochloric acid in solution, and on this fact the foregoing formula is based. The presence of glycerin is beneficial. Many pharmacists make a practice of omitting the iron ingredient until the preparation is called for. Others who have only a slight demand for it prepare it extemporaneously, which is very easily done, every ingredient being regularly and always kept in every pharmacy. The phosphoric acid ordered, it must be remembered, is the official (syrupy) variety.—Western Druggist.

Book Reviews.

The high standard set in the previous issues of Gould's Year-Book is well maintained in the issue for 1899, which in every respect gives a full digest of the state of medicine at the time of issue, the new drugs and other therapeutic measures introduced, with a careful discrimination as to their value and reference to literature upon them. All things of interest in all branches of medicine are mirrored in the most concise form consistent with clearness, and in terms suited to the needs of the general practitioner, not the dilettante in medicine. The book is from the press of W. B. Saunders, and is an imperial octavo of 1100 pages, bound in dark green cloth uniform with American Series of Text-Books, and is offered to the profession at the moderate price of $6.50.

"Self-Examination for Medical Students" is a little book unique in its line, comprising 3,000 questions on medical subjects arranged for self-examination, with the proper references to standard works in which the correct replies will be found. The questions have been selected with regard to their bearing upon practical medicine, and are those most likely to be askt in the quiz-class or the examination room. It has been prepared by a medical man, a teacher and a writer of experience, and is publisht by P. Blakiston's Son & Co., in a neat, cloth-bound volume of 189 pages, at the moderate price of 10 cents.

The United States Department of Agriculture has issued a most valuable monograph in its Farmers' Bulletin No. 86, describing "Thirty Poisonous Plants of the United States," the author being V. K. Chestnut, assistant botanist of the Department. The brochure should have the widest possible distribution, and should especially form part of the library of every physician.

"The Pocket Therapist," as it has been appropriately called, is a critical digest based upon the personal experience of the author in the field of new remedies especially and their application to disease, and is arranged in a wonderfully concise and practical form. It is the completest, smallest and handiest dictionary of treatment issued, and is open to but one objection, that, being the result of personal experience only, the wide field of therapeutics cannot be covered in the fullest manner. It is by Thomas Stretch Dowse, of the Central London Sick Asylum, and the American edition is publisht by Wilbur Ketcham, of New York. It is a duodecimo of 179 closely printed pages, neatly bound in flexible cloth, and is priced at $1.50.

"The Compend of Physiology," No. 4 of P. Blakiston's Son & Co.'s admirable series of ? Quiz Compends ? has reacht its ninth edition and is presented revised and enlarged with new illustrations. It is the most concise and reliable presentation of this broad science we know of, and will meet the needs of the practitioner as well as of the student. It is by Albert P. Brubaker, adjunct Professor of Physiology and Hygiene in Jefferson Medical College. It has 266 pages, and is offered for 80 cents net.

"What a Young Woman Ought to Know," No. 2 of "Self and Sex Series" for women is written in a singularly pure and clear style, touching on the most delicate subjects with a tact that makes all things plain and yet elevating. There is nothing to gratify prurient curiosity, but much that will benefit the young girl into whose hands it will fall. The book should be given a wide circulation. The author is Mrs. Mary Wood-Allen, M. D., and it is publisht by the Vir Publishing Company of this city as a neat duodecimo volume of 264 pages, cloth bound, at the price of $1.00. It should be in the hands of every young woman in the land.

An attractive brochure, "The Rational Treatment of Acute and Chronic Diseases of the Genito-urinary Tract," is issued by Charles Marchand of New York, and has already passt into its second edition. It has 39 pages of interesting and instructive matter, and will be sent free to physicians applying.

Doctors are beginning to think and write upon social problems. And why should they not do so? They, as much as any others, are a part of the social organism. Indeed they prosper or suffer exactly as general society prospers or suffers. When society is prosperous, individuals can pay their doctors just compensation for their services. When times are hard, the doctor's work is just as great—or possibly greater—but individuals are unable to pay him for his services. Thus he suf-

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fers when society suffers. No class of individuals have as good an opportunity to see the exact condition of society as doctors have. They visit rich and poor, and go into the very heart of the family where no one else is permitted to enter. Knowing the condition of society thus intimately as no one else does, why should he not think and write upon this subject? Dr. August Greth, 620 Laguna street, San Francisco, Cal., has been doing so. The title of his pamphlet is "The Extinction of Poverty," which consists of 110 pages. Price, 25c. He proposes a system of co-operation which will assure "present and future well-being for everyone who will work." The development of society has been the development of co-operation. The future improvement and perfection of society lies in the direction of co-operation. This book contains many good suggestions upon this subject. Doctors like to read the thoughts of other doctors; so perhaps many of our readers will want a copy of this book.

In the "Adult Diet List," compiled by C. S. Millet, M. D., and offered for sale at the moderate price of 25 cents, the profession has a handy printed list for use in various effections, in which care in diet is indicated. By crossing off certain articles in the different lists a full printed dietary of articles to be used and avoided may be given the patient.

"How to Study Law." No. 1 of Home Law School Series. Published quarterly at Conneaut, O.; 50 cts. per single number or $2 per year. Future members will be devoted to "Constitutional Rights," "Personal Rights," "Contracts and Partnerships," etc.

The most valuable improvement in our government in the last ten years has been the substitution of the merit system of civil service for the spoils system in many of the routine departments of the government. Before us is the "Manual of Examinations for the Classified Civil Service," revised to January 1, 1899. It gives all details for examinations for the service, including physicians for the Indian service, and surgeons for pension examiners and for the Marine Hospital service. Medical men who are interested should send to the United States Civil Service Commission, Washington, D. C., for information.

"The Coming Age," published at St. Louis, Mo., will contain, in April number, an article on "Do physicians and pharmacists live on the misfortunes of humanity?" by Professor John Uri Lloyd. This magazine is $2.00 per year; 20 cts. a single copy; it contains much interesting reading, but the above article will be of special interest to physicians.

In "The Principles of Bacteriology," translated by Dr. E. O. Jordan, of the University of Chicago, from the German of Dr. Ferdinand Hueppe, of the University of Prague, the Open Court Publishing Company of Chicago and London offers to the profession one of the finest books on the subject publisht within a year. It is an octavo of 467 pages, of exceedingly fine typographic finish and press work, and is not too technical in its scope for the uses of the ordinary practitioner. The chapters on the structure of bacteria, the vital phenomena of bacteria, and on immunity are particularly good. Price, $1.75.

A classic work, and one of general interest, is the volume on "Nervous and Mental Diseases," by Archibald Church and Frederick Peterson, publisht from the press of W. B. Saunders of this city in a large octavo volume of 843 pages, at $5 net. There are 305 illustrations, many of them upon the various stigmata of degeneration. The chapters on hysteria and the various motor paralyses are fully up-to-date, and these are of unusual value in general practice.

The third edition of G. E. de Schweinitz's "Diseases of the Eye" bears internal evidence of having undergone thoro revision at the hands of the author. It has 255 illustrations and two chromolithograph plates, and is a standard for ophthalmic practice for both students and practitioners. It is a large octavo, of 696 pages, and is publisht by W. B. Saunders of this city at the net price of $4, cloth, and $5 net for sheep or half-morocco. It is the book for the specialist in the diseases of the eye.

The Annual Report of the New Jersey State Board of Medical Examiners is full of the evidences of good work. It contains a synopsis of the law, rules for examinations, a list of successful applicants, etc. A valuable feature of this report is a detailed list of percentages obtained by the graduates of the different medical colleges—an exposition of the teaching results of the different colleges. Those who are specially interested may perhaps procure a copy of the report by addressing the Secretary of the Board, E. L. B. Godfrey, M. D., Camden, N. J.

Current Medical Thought.

Final Reports of Treatment of Soldier Typhoid Fever Cases in the Hospitals of Philadelphia.

From a series of extended reports before the Philadelphia College of Physicians, publisht in the Philadelphia Medical Journal, we glean the following:

UNIVERSITY HOSPITAL.

Reported by James Tyson, M. D.:

"The treatment, outside of the dietetic, may fairly be said to have been the cold tub-bath method of Brand. Not every patient was tubbed, for some did not reach the temperature which called for the tubs. namely, 102.2° F. In the majority of cases on the other hand the hydrotherapy, by reason of late admission, was instituted much later than its advocates hold should be done in order to secure its best results. I do not insist that the very favorable results were due solely to the Brand treatment. There were undoubtedly a good

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many mild cases. On the other hand quite a number of these were thrown out of consideration altogether. My experience with the Brand treatment in this set of cases has in no way diminisht my confidence in it as the best available method for treating typhoid fever, subject to the limitations which good sense and experience may demand."

Cases, 112; deaths, 5—mortality about 4.5 per cent.

GERMAN HOSPITAL.

Reported by J. C. Wilson, M. D.:

"Of the 147 cases of enteric fever, 121 cases were treated by systematic cold bathing, the average number of baths administered to each case being 37.8; 26 cases were not systematically bathed for special reasons; the greater number of them were admitted with falling or already normal temperatures; several were admitted with a history of recent intestinal hemorrhage and were therefore not bathed, and one was admitted moribund with the symptoms of peritonitis."

Mortality, 3.4 per cent.

PENNSYLVANIA HOSPITAL.

Reported by Arthur V. Meigs, M. D.:

"The treatment I pursued with my patients was as follows: Absolute confinement to bed; six ounces of milk every three hours; the administration of five minims of dilute muriatic acid every three hours; and sponging of the surface with cool water every three hours if the temperature rose as high as 102° Fahrenheit. The sponging was continued during fifteen minutes. This was the routine treatment, but it was varied to suit the needs of individual cases. In severe cases, when it seemed desirable to give medicines every two hours, the nourishment also was given every two hours, but in that case only four ounces of milk were given at a time. Three pints of milk I consider to be the proper total quantity, and this amount need seldom be exceeded. The food and medicines should be given at like intervals, either every two, three, or four hours, as the requirements of the cases seem to demand, and the medicine should be given a quarter of an hour after the food. This is as nearly together as it is desirable to give them, and gives afterward the longest period of rest that can be obtained. It is very important that the patient should be disturbed as little as possible, and that the administration of food and medicines at very short intervals should be avoided. The medicines I varied as seemed to be desirable, using turpentine, carbonat of ammonia, digitalis, spirit of chloroform, or other drugs as it appeared likely their effects might be sustaining to the failing powers of the patients. I tried not to give many drugs at the same time, withdrawing one as another had to be given.

"Our hospital afforded an opportunity to compare the results obtained by the use of the cold plunge-bath with those obtained from such treatment as I have described. This comparison is interesting and I hope may be instructive, altho it cannot be expected to yield evidence which will be accepted as conclusive with regards to the merits of the one method of treatment or the other. It will require more than 214 cases of typhoid fever to put this much vexed question at rest. The physicians of the Pennsylvania Hospital are divided in their opinions in regard to the use of the cold plunge-bath. There were certain wards, therefore, in which the bath was regularly used as a routine method of treatment, and others in which it was not. There were admitted to the wards in which the cold plunge was regularly employed 95 patients with typhoid fever, of whom 11 died, and there were admitted to the wards where bathing was not employed 119 patients, of whom 8 died. This made a mortality under the bath treatment of 11.58 per cent., and without baths a mortality of 6.72 per cent.

"It so happened that there was a transfer at the end of four days after 17 patients were admitted, of one ward from a bath advocate, to another of our physicians who does not bathe. These 17 patients had, therefore, baths for four days after their arrival at the hospital, and during the rest of their stay they were treated without baths. All of them recovered. In the figures, as they have been given, these cases were classified with those that were treated with baths, but if it be considered that they belong rather to the number of those who were treated without baths, as they received baths only during four days and the rest of the time were treated by the other method, it makes quite a difference in the figures and in the resulting percentages. It would then be as follows: Treated with baths, 78, deaths, 11, percentage of mortality, 14.10; treated without baths, 136, deaths, 8, percentage of

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mortality, 5.88. These percentages speak very eloquently to me, and, altho the number of cases is not sufficiently large to prove anything, a consideration of the results does lend strong moral support to those of us who have never been able to think that the cold plunge-bath treatment could accomplish all that its more enthusiastic advocates have believed."

ST. AGNES' HOSPITAL.

Reported by B. Franklin Stahl, M. D.:

"The medical treatment of the cases consisted in the administration of fractional doses of calomel. At a later period salol with bismuth was given when there was a markt tendency to tympanites. Whisky and strychnin were given in the later stages, when the condition of the heart indicated the need of it. Turpentine was given when the tongue was dry, thick and brown, and the change wrought in twenty-four hours was usually so pronounced as to make me marvel that anyone treating a large number of typhoid fever patients should question its value. Early in my service I lost one of my patients, and the condition of his tissues on section gave me an important therapeutic suggestion. This patient seemed to have almost no liquid element in him. The liver cut like a piece of dried beef, and of similar character were the other organs of the body. This led me to resort to hypodermoclysis and enteroclysis—using for the purpose a normal salt solution. The results obtained were most gratifying. The mental and circulatory conditions frequently improved with surprising promptness. The patients were encouraged to drink unusually large quantities of water."

Cases, 144; deaths, 5; equaling 2.8 per cent.

Dislocation of the Heart From Indirect Violence; Spontaneous Reduction.

Dr. F. A. Seymour (Southern California Practitioner) records the following extraordinary case: At about seven o'clock in the evening of a slippery winter day in 1878 a group had gathered in a lecture room, when Mr. L. joined the circle. He was in his usual health. Remaining a few minutes, he left for another engagement, promising to rejoin us later. At 9.45 p. m. he returned. His aspect was startling. His complexion, ordinarily pale, had now the pallor of death. His black eyes, usually flashing, had an intensified brilliancy as if by contrast to their surroundings. His step was steady, his voice clear, and he did not give evidence of pain. Dr. Seymour's impulse was to assist him to a seat at once, but he showed no inclination to sit.

After a brief interchange of courtesies, in company with some member of his family, he went home. At 11.45 p. m. the doctor was called to see him, when he recounted the evening's experience. On leaving the church, as his feet touched the icy walk, they slipped forward, throwing the upper portion of his body violently backward. With all the force at command he resisted the backward impulse, and by a rotary motion succeeded in avoiding an otherwise heavy fall, and so recovered his footing. Proceeding at once toward the place of his second engagement, he was conscious neither of pain nor faintness, yet had a peculiar sensation of discomfort in the region of the heart. A block and a half distant, a long, steep stairway led up to the office of a medical acquaintance, to whom he recounted his accident. The doctor gave him a prescription which, he subsequently told Dr. Seymour, contained the tinctures of digitalis and iron. He stated that the patient's countenance had impresst him as it had impresst Dr. Seymour later in the evening, and that as the patient left the office he had followed him to the stairway, apprehensive lest he fall, but that his step had been firm to the bottom.

The patient had retired immediately on reaching home, but by reason of the cardiac discomfort had been unable to sleep. His countenance had not changed in aspect, but as he lay, he was singularly serene. His pulse was peculiarly arrhythmic. It could not be counted. The intervals of absolute quietude between spasms of beating were distressingly prolonged. The pulsations themselves were tumultuous. Auscultation furnisht no clew to the condition. To distinguish the first from the second sound was an impossibility. The sensation imparted to the ear was as that of a small animal struggling with spasmodic violence to escape from the grasp of a powerful hand. These efforts were irregular in intensity and duration, lasting about fifteen seconds, followed by a despairing pause of ten seconds, and then reversing the order. Every struggle seemed to give promise of relief. Digitalin in those days was not an available drug, nor were the salts of strychnin. The hypodermic syringe was employed for the re-

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lief of pain only. The patient was at once plied with the tincture of digitalis to the limit of supposed safety. Repeated examinations showing no change, about 1 o'clock a. m. Dr. Seymour asked that the physician first casually consulted be called. Just before his arrival, half an hour later, the patient said, "It's all right now," and auscultation showed no trace of irregularity, nor any of the abnormities of five minutes previously. Soon afterward he fell asleep and rested well until daybreak. Under the doctor's restrictions he remained in bed the next day, altho he felt fully able to attend to business.

At the time of the next visit 8 a. m. the following day, examination found no indication of the six hours' storm of the night before. The condition had evidently been a rotary twist, but whether from right to left, or the reverse, defied most solicitous diagnostic effort.

Being intimate friends, as well as maintaining the relation of physician and patient, the doctor met him often for several years afterward, but never knew him to have any cardiac difficulty. Both removing from that locality to different cities, the doctor and his patient maintained correspondence until two years ago, when one morning, after rising at his usual early hour, the latter went into his parlor. Not responding to the breakfast call, he was found dead on a lounge, as if he had quietly fallen asleep. It was stated that he had died of "heart disease."

It would have been a mournful satisfaction, says Dr. Seymour, to know what relation, if any, existed between the accident of twenty-three years before and the finale.

The Common Nettle in Anemia.

Dr. Hjalman Agnér (American Medical and Surgical Bulletin), was cured of anemia, when he was seventeen, by taking nettle soup. One of his patients, a girl of twenty, had tried all remedies recommended in anemia, including the preparations of iron, but without apparent benefit; he ordered her then nettle soup, first every second day; then, when she improved, twice a week. The patient was completely cured. The author treated many other cases with nettle, but as they received other treatment besides, he does not care to speak of them in detail. The common or stinging nettle and the dwarf nettle possess the same virtues, but the first is used almost exclusively. The best time for collection is the spring; the best parts to use are the roots and stalks with only half-developed leaves. It may be used as an infusion—a handful to two quarts of water, two or three glasses thereof to be taken during the day; but it is much pleasanter to use in the form of a freshly-prepared soup from the fresh herb.

Class-Room Notes.

[From Dunglison's College and Clinical Record.]

—Dr. Hearn strenuously urges prompt attention to *Slight Abrasions*. They are frequently allowed to go on to troublesome and often dangerous cellulitis.

—*Inflammation of the Iris and Choroid*, in the earlier stages, should be treated with atropin, provided there is no rise in tension. If there is increast tension, eserin and cocain may be used. Internally, give the bichlorid of mercury with iron, or the iodid of potassium.—*De Schweinitz.*

—The sluggish type of *Eczema* often yields to the following, tho it is somewhat heroic, and should be carefully applied:

℞. Saponis viridis,
Picis liquidæ,
Alcohol . . . . . āā 3iij. M.
Sig.—Rub in. —*Stelwagon.*

—*Acne* in an oily, dirty skin, requires the following, as well as frequent washing with hot water and green soap:

℞. Sulphur precipitat. . . 3 iss
Ætheris . . . . . f3 iv
Alcoholis . . . . . f3 iiiss. M.
Sig.—Apply as a lotion. —*Stelwagon.*

—Immediately after labor, all *Lacerations of the Genital Tract* should be carefully repaired. Especially should the cervix be examined, and, if the tear be very large, suture it, with a view to favoring involution. It is not enuf merely to *look* at the vulva and skin perineum, but the vaginal wall should be everted by inserting a finger into the rectum and turning it out. Many lacerations will in this way be discovered which would doubtless pass unnoticed in a less systematic examination.—*Davis.*

—*Threatened Abortion*, unless the abortion be inevitable, should be treated by rest, hard bed, light covering, iced lemonade, rectal injections of twenty drops of laudanum to half a cup of warm water, to which chloral may be added with the yoke of an egg, if the patient is very restless.—*Parvin.*

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The Treatment of Suppuration by Bicarbonate of Soda.

Brucker has made a study (These de Bordeaux) of a fact observed by him—namely, the influence of the reaction of the blood in the healing of certain conditions. Bearing in mind that the normal alkilinity of the blood shows important variations according to sex, age, and as to whether the blood is arterial or venous in origin, and the diet to which the patient has been addicted, so in certain pathological conditions these variations are very markt, and a reduction in the normal alkalinity is observed in certain cases of febrile reaction due to bacterial intoxication. It has been found that certain artificial intoxications can be combated by raising the alkalinity of the blood by the injection of alkaline serum. Going on these grounds, Brucker has principally investigated the influence of alkaline dressings in the treatment of local inflammatory affections, and, according to his observations, such a dressing, whether moist or dry, very rapidly reduces the imflammation suppurative or otherwise, and causes rapid healing of wounds. This seems independent of any antiseptic property in the proper sense of the word. The method employed by him is to apply the dressing of absorbent wool on ordinary principles, using merely a two-per-cent. solution of bicarbonate of soda, or in some cases vaseline and bicarbonate (1 in 25), or the soda may be applied directly in the form of a powder. He finds that strong solutions do not act more quickly than a two-per-cent., showing that the chief agent is the alkali and not any antiseptic principle. The same method may be applied for purulent otitis, etc.—Gaillard's Med. Jour.

What Is Obscenity?

Nothing that is in accordance with the normal habits of man can be of essence either improper or impure. It is the attendant circumstances, the manner, and above all the motive of the consideration, which alone can be impure and improper, or otherwise.

And so we may ask, What is obscenity? Conventionality in this as in most other things is the rottenest of rotten reeds to lean on. It substitutes shadow for substance and form for matter. It judges of things and acts, instead of motives. There is no subject that exists, the consideration or investigation of which constitutes in itself obscenity. It is not the thing done or the subject treated of that constitutes obscenity, but it is in the circumstances under which, the manner in which, and the purpose for which the thing is done or the subject treated that obscenity lies, or does not lie, as the case may be. A really pure system of morals would treat not of acts but of the motives which prompt them. If this truth were more fully realized society would be less full of viciousness luxuriating broadcast and unmolested under the cloak of virtue, by complying with the letter of conventional law, and of virtue driven into byways, from which it would gladly escape, to be howled down as vicious by the whited sepulcher of a hypocritical conventionality.—N. Y. Med. Journal.

The Alcohol Neurosis.

Dr. J. Strachan (British Medical Journal), says that it must be borne in upon the mind of everyone who has any lengthened experience in medical practice that there is a disease of alcoholic intemperance—that there are men and women who have no more power to resist "drinking to excess," if they "drink" at all, than they have to prevent the symptoms and the course of any other disease, the poison of which has entered and is working in the blood.

This neurotic intemperance possesses several features which serve to distinguish it from the common vice of occasional and deliberate drunkenness, and it is of great importance that the distinction should be fully recognized.

1. Whereas the *vice*, once so prevalent and even fashionable among the men of all classes, is now all but confined to what are called the lower orders, and is being driven ever lower in the social scale, the *disease* is confined to no class and to neither sex, and instead of diminishing seems decidedly on the increase, as is shown not only by the number of cases to be seen in every community, but also by the increasing number of "retreats" and homes for inebriates, and the more and more pressing calls for legislative restraint for those so afflicted.

2. While the vice of drunkenness is very much a matter of occasion and opportunity, and is perfectly under control when a sufficiently strong motive is operative, the disease is to a great extent periodic in its onset, and quite unaccountable in its course. The occasional drunkard is, as a rule, a habitual drinker, and indulges to excess only on occasions of

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conviviality; the neuro-inebriate may have long intervals when he has no desire for and does not take stimulants, but has periods of resistless craving which run a more or less definite course. As the disease progresses, however, such intervals tend to become shorter, and the intoxication more or less continuous, culminating at times in delirium tremens or convulsions.

3. The occasional drunkard seeks companionship in his cups, and is generally more or less noisy and uproarious in his intoxication, but the victim of this disease inclines rather to shrink from observation, and is generally quiet and morose under the influence of alcohol.

The craving is for relief from suffering. Persons presenting the alcohol neurosis are very susceptible to the alcoholic stimulus; a comparatively small amount produces exhilaration. This is followed by reaction amounting to an extreme degree of nervous depression. A repetition of the stimulus gives immediate relief, but at the expense of further reaction and still greater depression and more urgent craving for relief. More and more is required to keep off, as it has been expressed by a sufferer, "the horror of getting sober." Here it is the first glass of whisky, which does not carry with it any moral delinquency, and according to the usual drinking customs of the country, is very difficult to avoid, which does the mischief. The attack usually culminates in severe gastric irritation and complete nervous prostration, perhaps delirium tremens, on recovery from which the craving is found to have passt off, and the patient is full of good resolutions. For a longer or shorter time all goes well, and there is not even any desire for stimulants. Then the patient—he still is a patient, although he does not know it—feeling himself stronger, or feeling dull and low-spirited, for such neurotics are subject to fits of depression quite apart from the use of stimulants, and are easily upset by business worries, etc., thinks that a glass will set him up and let him get on with his work. An attack follows and runs its course as certainly as an attack of fever when the poison enters the system.

Dr. F. P. Blake, of Canon City, Colo., uses sweet spirits of niter with success in insect bites, and has also lately used it with satisfaction in senile pruritus.

The Country Doctor.

The choice of the location in which he is to settle down for his life-work is not infrequently predetermined for the young graduate in medicine by circumstances over which he has no control. The family influence in his old home, an opportunity to succeed in practice a father or uncle or some such consideration may practically determine the question of location long before graduation, and may even have been the chief factor in causing the selection of medicine as a vocation. Where no such conditions exist, however, where the newly-fledged physician has no ties which bind him to any particular locality and has the world to choose from, he is frequently led to take up his residence in the city largely on account of college associations and without sufficiently careful consideration of the task before him. While the great prizes are won in the city, great obstacles must be overcome to win them, and many of the leaders in metropolitan practice laid the foundations of their success while country doctors. It is true that the young physician who is attached to a city hospital sees a larger number and variety of cases than he would see during the first years of practice in the country, and for that reason a year of post-graduate study or a hospital appointment for the first year after graduation is a most desirable thing. After this year of hospital work, the young graduate of only moderate means will find his best opening in a country town. Judgment is of course required in selecting a town where the profession is not particularly crowded with young and well-informed physicians.

Having made a judicious selection, the young physician will, if he be gifted with a fair degree of tact, be surprised to find how rapidly his practice grows. To the young man of limited means this feature is one of almost paramount importance, and he will find himself at the end of five years of country practice very much better off financially than he could have hoped to be had he remained in the city. His character will also have developed more, and he will have become much more self-reliant than he would have been had he remained in the city. He will probably have seen as wide a variety of, if not as many, cases as he would have seen had he remained in the city, save under unusually favorable conditions.

The young physician entering upon

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country practice is launched into a field where he may be called upon any moment to administer to every form of disease. As stated by Dr. Ellis: "It is in the precipitate and constant exercise of his faculties in the contemplation of these problems and their various solutions, unaided, and with great paucity of literature, that his training proceeds, and his success or failure depends not only on his educational equipment, which is too often inadequate, but quite as much upon his mental and moral fibre. If he is honest with himself, conscientious and diligent, his development is rapid and mainly thru the cultivation of habits of self-reliance which his surroundings do so much to engender and encourage. And it is this habit of self-reliance that goes so far to mould, to mar his character. A capable man grows in strength and adaptability. In a less capable man, if he is not confessedly and conspicuously beaten, there is frequently the growth of a provincial egotism and a self-sufficiency that is as discouraging to further growth as it is deforming to his personality."

Yellow Palms as a Sign of Typhoid Fever.

Filopowicz (American Journal of the Medical Sciences) calls attention [for the second time] to a symptom of typhoid fever not generally lookt for. The palms and soles acquire a yellow color, which is more markt in proportion as the skin is thickened by toil, but present even when the skin is thin. This change comes on in the early days of the disease, and lasts until the end, disappearing in convalescence. The author thinks the sign due to the changes in the circulation, especially the anemia of the skin, as the result of which the subcutaneous fat shows thru.

Should Prescriptions be Written in Latin or English?

We think it time that Latin should not be used any longer in writing prescriptions. There is not one in a hundred physicians who can write Latin correctly, and a prescription that is one-half or one-fourth in Latin and the rest in English is bastardly ridiculous. We all hide our philologic ignorance under contractions that lead to ambiguity and even danger, and when we can no longer hold out with our wretched sham we are compelled to plunge into English for the directions. All arguments for this medieval nonsense do not amount to a pinch of snuff. As for hiding the knowledge of the drug from the patient, and the advantage to patients traveling abroad, the facts need only to be lookt squarely in the face, and the argument for Latin becomes a bad boomerang. The practice is a pompous bit of humbug, which should be left to medievalists and not scientists. So soon as we get our therapeutics out into the daylight of common sense and genuine science we shall surely dispense with the sorry jumble of bad Latin and poor English illustrated by nine-tenths of the actual prescriptions on file to-day at the drug-stores.—Phila. Med. Jour.

"Diplomas" While You Wait.

St. Luke's Hospital, Niles, Michigan, is getting itself in disrepute with the State board of health by the manner in which it is disposing of certificates or diplomas. The institution was incorporated last November by Dr. A. C. Probert of St. Paul, Minn., and Dr. C. W. H. B. Granville of South Bend, Ind., who are its president and secretary. The concern has done some advertising in papers of general circulation and from all reports has done a lucrative business. A number of stenographers are employed and an enormous correspondence is done, principally with physicians who are offered a certificate or diploma entitling them to membership on the visiting staff of the hospital.

The cost of these blue-ribbon gold-seal-bedecked certificates, diplomas or membership cards is from three to five dollars, and are claimed by the institution to be a great attraction to any physician's office.

The holders of the diplomas or certificates are entitled to bring their patients to the hospital for treatment, they receiving 50 per cent. of the fee for treatment or operation. As the certificates are issued all over the United States this privilege seems to be one that will not be taken advantage of by those located in towns far distant from Niles.

Dr. Nicholas Senn of Chicago, and other physicians of note are named as being on the staff of the hospital, which statement is refuted, they claiming that they have been imposed upon, and have demanded that their names shall not be used.

Secretary Baker of the State board of health of Michigan, has asked the attorney general to annul the articles of association of the hospital.

Charles W. H. B. Granville, M. D., presi-

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dent of St. Luke's Hospital, at Niles, says he challenges impartial investigation of the methods of that institution, and dares Secretary Baker to come out openly over his signature and accuse him of running a bogus M. D. factory.—Commercial Union.

Physician's Blessings.

Two things are essential for the good of the family life of the physician—patients for the husband and patience for the wife. —Pa. Med. Jour.

Headache Powders.

An inquest was held recently on the body of a young man who died from the effects of taking two "headache powders." From the analysis of the contents of the stomach it appears that the powders in question were composed of antifebrin, but the exact quantity administered was not ascertained. Antifebrin, like most anilin derivatives, is a drug which should be employed with especial caution. It is official under the name of acetanilid, and its potency is sufficiently indicated by the fact that the maximum dose assigned to it is only 3 grains. There have been many cases of poisoning from the injudicious administration of this remedy, the symptoms produced by it being of the anilin type. The patient usually complains of giddiness, noises in the ears, throbbing in the temples, and a dull, heavy pain in the head. The face becomes livid, the lips are blue and the pupils are contracted. This is followed by symptoms of collapse, the face and extremities are cyanosed, the skin is covered with cold, clammy perspiration, the pulse is feeble and respiration becomes shallow and frequent. There is no specific antidote, and after the administration of a brisk emetic the sufferer should be kept in a strictly recumbent position, and plied vigorously with stimulants. The effects are usually of considerable duration, and in one case the patient was not out of danger for fourteen hours. We are informed that there is a considerable demand for powders of this description, the purchasers being chiefly young women of the seamstress class. Whether the sale of these drugs should be in some way restricted may be an open question, but it is quite clear that some intimation should be given that they are not free from danger, and that they cannot be taken in unlimited quantities with impunity. Many people acquire an unfortunate habit of dosing themselves with remedies of unknown composition, and this death under such sad circumstances, may be taken as an indication that the custom is not one which can be indulged in with safety.—British Medical Journal.

Digitalis impairs the general nutrition of the aged, in consequence of its action on the arterioles, and hence should not be prescribed for old people.—Med. Brief.

Buttercup Poisoning.—A short time ago an English boy died within a few hours from eating a number of these common flowers.

The Maryland Medical Journal asserts that turpentine in usual doses, according to age, is a specific against mumps.

For eczema of the hands Duhring recommends a continuous dressing with a tar and compound tincture of benzoin or collodion.

Our Monthly Talk

I well remember when we used to stand up in a long row every day at school and spell all sorts of words—long, short, easy and hard, but we had not the faintest idea of the meaning of the majority of them. To know their meaning seemed to be of no value. The one object of our school life seemed to be able to spell correctly, and without hesitation, every word in the dictionary. This seemed to constitute the chief part of an education, according to the ideals then prevalent. One school would challenge another, and long winter evenings would be spent in the parrot-like pronouncing and spelling of column after column of words, but never a thought nor suggestion of their meaning. At these numerous (and delightful) "spelling bees" the "brilliant" pupils (parrots) were pitted against one another until all were "spelled down" but the last remaining one, who was the champion.

I know whereof I speak, for I can turn back the pages of memory and find many of these occasions—enjoyable, but mistaken; enjoyable as an amusement, but mistaken as to educational value. I will readily grant that, as an amusement, these affairs were as good, and perhaps better, than the progressive euchres and other amusements of the present time; but no one claims that euchre playing is educational. Educators finally realized that the actual use of spelling was in writing; and they also found that the most brilliant of these oral spellers made frequent errors in written spelling, so they concluded that the best way to teach spelling was to require the pupil to write the words, then correct them if errors were made, rather than give oral exercises.

In many other ways the process of educating

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has become more rational; but the most important step is yet to be taken. The elements of language and mathematics are necessary as a basis; to these the chief facts of geography, history and several of the sciences should be added. [Concerning the study of history, the best way to get its lessons, many pages could be written, which I will not enter upon here]. Upon this frame-work a superstructure is built by our educational institutions, ranging up to the most complete classical course given in our largest universities.

But one thing, the most important thing in our modern life, is completely left out of the ordinary education, and only lightly touched in any of our educational institutions. It is the subject of economics. When this subject is presented in our advanced colleges, it is treated in an abstract way—a "far away" sort of way—without application to practical needs, and with due regard for existing institutions. The philosophy of money, the principles involved in the transportation question, and the many questions concerning land titles, land tenure, taxation, etc., are not taught. Yet these questions enter into the daily lives of us all, and they should be a part of the common-school education of every American boy. One objection is that they are too difficult. They are not half as difficult as algebra or Greek. It seems that "the powers that be" wish a veil of mystery to shroud these questions, just as the Indian medicine man wishes to be protected in the monopoly of the incantation business. The people are made to believe that these questions are "too deep" for the ordinary mind, yet every college student, and almost every school boy, solves more difficult problems every day. I now have in mind a man who kept a fish stall in a market house who has become immensely wealthy by giving some plain, every-day business attention to the economics of street car transportation. And the people are foolish enough to allow the companies of this man to use the public streets, which belong to the people, and they pay five cent fares while the cost is less than two cents. Even school children are charged this exorbitant fare. The city has spent millions for a magnificent park, but the poor, even the children of the poor, must pay a tribute to the street car company in order to go to the park. The city would better have spent less for the park and owned the means for the people to get to it to enjoy it. But this need not be an expense, for a slight profit could be made at two cent fares.

The general study of economics would rapidly bring better conditions to the masses. The farmer is the original producer, and consequently the foundation of society. He has to contend against two things—uncertain crops and unstable prices. A proper solution of the money question, as outlined in the book called "Rational Money," would render prices comparatively stable; yet the average farmer is caught by "jingoism," and cares more about the American flag floating over distant islands than for his pressing and legitimate interests at home.

A proper solution of the railroad question would not force coal miners in Pennsylvania to starve while the farmers of Nebraska are burning their corn to keep warm. A rational arrangement of public transportation would bring producers and consumers closer together, to the great advantage of both; yet the attention of voters is kept on questions of far less importance to them, and our educational institutions continue missing the mark by "pottering about" on branches of little practical every-day value.

We pride ourselves on our schools and colleges, on the universality of education in this country, on our newspapers and magazines, and on the unusually high intelligence of our people, as a whole, yet we do not apply the same to our most vital interests. Public utilities, such as transportation, the telegraph, banking, etc., are left to the management of private coteries, and of course the management is in the interest of these private coteries, and, locally, street-car transportation, telephones, and usually the water supply, gas, electric lights, etc., are left to private ownership and operation, of course, in the interest of the owners instead of the public, tho the streets belong to the public. When will the people waken up to these facts, and cease to waste the precious school-time of youth on impractical subjects, and put that time on subjects which involve the general good of all? When will voters cease to allow their attention to be occupied by "flap-doodle," to the neglect of the most vital puplic interests, a proper management of which would vastly improve the condition of all?

Regent Carl Vrooman, of the Kansas Agricultural College, in a recent address to the students, said:

"I have been much interested in this college for the good work in which it is a pioneer. In Germany we find bootblacks who can speak four languages and Ph. D.'s by the score waiting upon tables in cheap restaurants. This is because in former times education was a matter of Latin and Greek, of writing poetry in dead languages; and much of it now is mere scholasticism. Harvard was the first of the old conservative colleges to decide that Latin was not necessary. She must go farther and say that not literature nor science nor anything requiring mere memory is necessary for education. This younger college can teach the old universities.

"Here the individual is taught to make the most of his life, and how to succeed in the stress of modern competition. China is a monument of the death-like influence of learning divorced from life; of that conservatism which is so in love with the good that it cannot see the better, that will not change the bad for fear of making it worse. I, too, love to grope amid antiquity and bear my tribute of admiration before the noble minds of old; I, too, love to revel in the old heroic days and bathe my spirit in the glamor of the times that are past, but only that therefrom I may gain a deeper inspiration with which to face the mightier problems of to-day."

Dr. Hulbert Fuller, of Chicago, has written a very entertaining book devoted largely to economic problems. It is in the form of a novel—a novel with a purpose—entitled, "God's Rebel." On page 121 occurs the following:

"With algebra, geometry and many branches of proverbial uselessness, the very children of the poor were stuffed to the point of idiocy; the binomial theorem and nebular hypothesis fed and consumed their grey matter; any one of them was capable of finding the locus of a point in space equidistant from three given points not in a straight line; but anything as simple as A, B, C, which directly concerned their economic intelligence and was invaluable in fitting them for usefulness as citizens of a republic, was neither to be thought of nor taught. In a monarchy, the professor reflected, there might be sufficient reason for putting all studies under the ban which tend to dispute the fact of the divinity of kings; to the Roman superstition science had been a stab in the heart; but why, under a republic whose government is the people, these fundamental principles which go to insure its continuance should pass untaught, unhonored, aye, even dishonored, was beyond Kenneth's power to fathom. Was it dry? was it uninteresting? was it infamous? On every hand public discussion obtained, and

(*Continued over next leaf.*)

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A Specific for Eczema, Pruritus Ani, and all itching troubles.

I find Resinol a very nice, delicate and effective remedy in all cases of skin affections in which I have used it.

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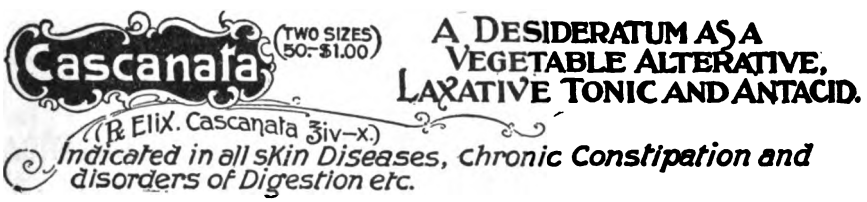
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Indicated in all skin Diseases, Chronic Constipation and disorders of Digestion etc.

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that of the freest, upon religion, morality, ethics; thru fiction alone one could delve to the very heart of Christianity. But economics, it seemed, was a thing merely to fight and quarrel over and hide out of sight with a shudder. Here knowledge was expected to be intuitive and not to come thru study."

The Light is Breaking Thru the Darkness.

Now and then an educator sees the new light and is bold enuf to proclaim it, and occasionally a writer of fiction makes the new teaching the burden and purpose of his work—in fact these ideas are beginning to pervade fiction to an extent that a "hold-back" might consider "dangerous." But this is not all. Millionaire Hearst publishes the New York Journal, a daily paper of phenomenal circulation—one, two or three hundred thousand per day. It is usually thought that the metropolitan press is cowardly, being a tool of corporations and other private interests. This, unfortunately, is generally true, but here is a happy exception. The Journal supported the Chicago platform, which capitalists considered "anarchistic." What do they think of this, which Editor Hearst places at the head of his editorial department, proposing it as *an American internal policy*:

First—Public Ownership of Public Franchises. The Values Created by the Community Should Belong to the Community.

Second—Destruction of Criminal Trusts. No Monopolization of the National Resources by Lawless Private Combinations More Powerful Than the People's Government.

(*Continued over next leaf.*)

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We will send, postpaid, 2,000 **Diarrhoea Tablets No. 2**, each containing Powd. Opium, ¼ grain; Ipecac, ⅛ grain; Camphor, ¼ grain; Lead Acetate, 1-6 grain.

On Receipt of One Dollar

We will send, postpaid, 1,000 **Morphine Sulphate Tablets**, each containing Morphine Sulphate, ⅛ grain.

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We will send, postpaid, all of the above tablets.

If you use tablets, **write us for special prices** before ordering elsewhere.

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It furnishes a most powerful evidence of the vastly increased power of medicament by combination and judicious pharmaceutic preparation.
JAMES HALL, M.D.

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It never varies. It is the remedy "without a peer, without a rival." In all cases it has proved a noble and true ally. R. RAUM BOYLE, M.D.

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I believe it to be the most complete combination of drugs for strengthening the nervous system I have ever met with. CHAS. D. CAMP, M.D.

I have used Freligh's Tonic for years. None better.
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From *personal* experience I am able to appreciate its value.
GEO. W. MORRIS, M.D.

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All you claim for it and more. Have used it with such success as to place it on my list of reliables. CHAS. H. SPRINGER, M.D.

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I recommend it to the profession as a valuable medicine.
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I can recommend it in gouty rheumatism. CHAS. V. PETTEYS, M.D.

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In diseases of the uric acid diathesis it is almost if not quite a specific. I have great faith in anything marked Freligh. A. A. THOMAS, M.D.

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Its value cannot be overestimated. In the most obstinate cases I have had remarkable success. H. S. CLEMENS, M. D.

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The Liver Medicine beats everything I ever used. The little dose tickles the old liver chronics when they see how it acts.
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Brooksville, Fla.
I have been trying your Liver Medicine, and am much pleased, especially with the absence of all cathartic effects. J. S. BRUNNER, M.D.

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I am well pleased with the Liver Medicine you sent.
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I consider it a most excellent preparation, and shall recommend it generally. LIONEL BROOKS, M.D.

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I am particularly pleased with the Liver Medicine, it being particularly useful in my practice. THOS. K. CRUSE, M.D.

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The Senate, Now Becoming the Private Property of Corporations and Bosses, to Be Made Truly Representative, and the State Legislatures to Be Redeemed From Recurring Scandals.

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As the Duties of Citizenship Are Both General and Local, Every Government, General and Local, Should Do Its Share Toward Fitting Every Individual to Perform Them.

And here is a sample of the Journal's editorials (from the issue for March 15, 1899):

WHAT TRUST "FINANCIERS" ARE DOING.

The anthracite coal situation is exactly this:

At one end of a line are mountains of coal and 500,000 miners eager to mine it, that they may get bread and live.

At the other end of the line are millions of people eager to get the coal to burn, that they may keep warm and carry on their daily bread-earning.

Between are a dozen very rich and very powerful men, who, exercising an illegal and revolutionary authority, will not let the 500,000 work, nor, except at the increased prices, let the millions have coal.

And the dozen do this solely for the purpose of increasing by more dollars their fortunes, already far beyond any man's power to spend.

There are things about this situation calculated to make the common citizen stop and think.

But the dozen are not common citizens. They are among "our ablest financiers."

The operation by which they interpose their avarice be-

(Continued on next leaf.)

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BEST money making location in the county. New buildings; drugs and store room. 26 acres of land. For terms write W. W. Owen, Oakdale, Mo.

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FOR SALE—White's Physiological Manikin—cost $35; in good condition. Price, $15. Address G. C. C. Howard, care of MEDICAL WORLD.

FOR SALE—One of the best paying village practices in Michigan. Poor health, reason for selling. Will introduce purchaser. Address, Box 114, Kent City, Michigan.

$3,000 UNOPPOSED practice for sale. Railroad town in western New York. Established twelve years. Address "E," care of MEDICAL WORLD.

FOR SALE—Good practice—unopposed—given free to purchaser of fine property in town near Harrisburg, Pa. Bargain. Address Dr. R., Carlisle, Pa., care Emrick's Drug Store.

RARE CHANCE—10 room brick house; stable; large lot; good shade; well located; value $5,000—College city, central Ohio. Best possible educational facilities and society. $2,500 practice thrown in at price of property. Introduction; owner will take up specialty. Address "C," care of MEDICAL WORLD.

GOOD village location wanted. Illinois preferred. Box 9, Woodville, Ohio.

YOUNG physician, University man, extensive hospital practice, good surgeon. Understands French, German, Spanish. Will purchase practice or partnership. Doctor, Onarga, Ill.

Many Physicians have looked to Co-operative and Assessment organizations, lodges, camps, etc., etc., for their life insurance, under the belief that a given amount of life insurance could be there purchased for less money than in a regular company. It is a mistake—a very grave mistake. A much better grade, certain in amount, backed by ample assets, dependent upon nothing except the payment of the premium is furnished by the

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tween producer and consumer is called—in some quarters—"a shrewd stroke of business."

In the sixteenth century it was known by a name not nearly so pretty, and followed by consequences quite different from the building of palaces in Fifth avenue.

As THE MEDICAL WORLD reaches every part of the country, and as a daily paper is naturally confined largely to its locality, I print the above to give distant readers an idea as to what is being done, and what prospers, even in New York. The moral is, don't be afraid to think, and to "speak right out." Encourage your local editor to do the same. The people will sustain them. The times are changing, and we must keep up with the times—or better, let us *help* to change them, and make the changes as great an improvement as possible on the past. Our ancestors were brave and progressive men; why should we not be?

Remedies for Trusts.

One of our subscribers took us to task recently for admitting to our advertising columns the advertisement of a pure and unadulterated whisky. Referring to what I said last month about trusts, he says: "I like to see folks consistent. The most devilish of all trusts is the whisky trust." I wrote him that if he and I were forced to quit the patronage of trusts we would have to go hungry, naked and without shelter, for already a large number of our daily necessities are in trusts, and more trusts are rapidly forming. The Chicago Tribune puts it very graphically as follows:

"The average resident of Chicago helps the trusts almost every time he raises a spoon to his mouth at the breakfast table. He puts on trust underwear and hosiery when he gets up in the morning, for the American Knit Goods Company is a $30,000,000 corporation that practically controls the trade. His shoes are made expensive because $125,000,000 United States Leather Company controls the leather market. He puts $100,000,000 trust coal into his furnace and strikes $11,000,000 trust match to light the gas furnished by the $125,000,000 Chicago gas trust.

"When he sits down to breakfast the spoon with which he eats the product of the oat meal trust, a $3,400,000 corporation, is made by the International Silver Company, the silverware trust, which was recently capitalized at $50,000,000. He may have bought his spoon of some other company, but its price was regulated by the trust. If he eats a cracker he pays tribute to the National Biscuit Company, whose capitalization amounts to $55,000,000. The price of his sugar is controlled by the sugar trust, and, if he prefers beet sugar, the American Beet Sugar Refining Company, just organized and capitalized at $20,000,000, controls its price. If he prefers glucose, or corn sugar, he has to pay the price set by a $40,000,000 trust. If he enjoys a sirloin steak, he has to pay tribute to the dressed beef combination, capitalized at $50,000,000. The wall paper he looks at comes from the National Wall Paper Company, a $30,000,000 trust. The rock salt pool controls the price of salt he puts on his potatoes. The pool is capitalized at $5,000,000. His morning paper is made more expensive because of a $55,000,000 trust in print paper.

"He cannot eat a broiled whitefish without helping to pay the dividends on $10,000,000 worth of stock of the American Fisheries Company. He can drink coffee whose value is fixed by its quality and not by any trust, but the big milk dealers of Chicago have a combination that keeps up the price of the cream he puts into it, and he must use sugar and drink out of a trust cup, unless he is able to buy imported china. The American Potteries Company is a $27,000,000 trust.

"He must buy ice cream of the Chicago ice cream trust, incorporated recently as the United Ice Cream Company, with a $300,000 capital. If he takes an eye-opener in the morning, he must drink trust whisky, and if he has beer at noon, he probably will buy trust beer. The filters by which he keeps the microbes out of his drinking water are made by a $2,000,000 filter trust. His overshoes are made a luxury by the rubber trust, and if his wife wears ribbons, he must help pay dividends on the $18,000,000 capital of the ribbon manufacturers' trust. If the new Chicago laundry trust puts up the prices, and he goes back to wearing celluloid, there is an $8,000,000 celluloid trust, and if the trust laundrymen are inclined to kick, the National Starch Company can bring them to time with its $10,500,000 capital.

"Even porcelain teeth are manufactured under an ironclad price agreement, kept up by the American Trade Association, which is another name for the dental supplies trust. The theatres are controlled by an amusement trust. The price of cloth and clothes is controlled by trade agreements that in many instances amount almost to a trust. Snuff, thread, rubber goods, tinware, telephones, flour, starch and soda water are all controlled by trusts capitalized at from $500,000 to many millions. And there is no respite left for the Chicago man from the trusts even when he is dead. It would be next to impossible for his relatives to buy him a casket without consulting the price-list of the burial casket trust, whose capital is $15,000,000."

Our correspondent replied, not to the matter of trusts, but to the matter of the use of whisky; and so vast a subject as the use of alcohol in medicine I could not attempt in private correspondence. Each physician must use his best judgment about that, the only point made in the advertisement being as to the purity of the whisky. All will agree that if it is used at all, an unadulterated product should be obtained.

But to revert to the matter of trusts; in a single day the following were reported:

It is reported from Sandusky, Ohio, that "a gigantic casket trust is forming," with headquarters at New York.

The International Vehicle Company, of New York, capital $5,000,000, was chartered yesterday in Charleston, West Virginia, to make automobiles and operate them in the large cities.

The Western Strawboard Company, capital $5,000,000, was organized at Akron, Ohio, on Wednesday.

The American Brass Company has been organized at Waterbury, Connecticut, with a capital of $20,000,000.

These items appeared in the Philadelphia Ledger for March 3d, and it didn't seem to be an unusual day for trusts, either. Please read again my remarks concerning trusts and the remedies therefor, in my "Talk" for last month. And in that connection, please realize that this organizing of the industries of the country will result in a final and ultimate good, however painful and unjust the process may be. As hateful as the trusts seem, and are, to us, yet they are performing a service that will result in good to all the people in the end. Of course, they do not intend it so; their only motive is greed. In the end humanity will be served by their greed, tho much incidental suffering will be unavoidable. This incidental suffering could be much reduced by the people if they would resolve to do so. First, whenever trusts break the law, punish them the same as other criminals. Second, enforce all anti-trust laws. Third, take all tariff off trust articles. Fourth and finally, the people must own the trusts in the end, so that the benefits may be equitably distributed.

National Platform of the Union Reform Party, Adopted at Cincinnati, March 1, 1899.

A conference was called to meet at Cincinnati on March 1st, for the purpose of forming a new national political party on the one plank, Direct Legislation. I declined to take part in the same for the reason that Direct Legislation should be establisht locally and exercised in matters of cities, counties and States before making it a national issue. However, the conference met, and presented to the country a very good platform, which I wish to place before our readers:

The Preamble.

Our present system of government vests the entire law-making power in representatives. The people elect their representatives, but have no control over their actions.

An experience of over a hundred years in the practical operation of this system has proved that it does not provide a government of, by and for the people.

Representatives cannot always know certainly the will of

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their constituents, and even where that will has been clearly manifested it has been continually disregarded.

Legislative bodies from municipal councils to the national congress have been controlled by corrupt influences. Legislation has consequently been in the interest of the corrupt few and against the voiceless masses.

Under this system the people are disfranchised on all matters of legislation. They are allowed to vote for men, but are denied the right to vote for measures. The people are governed by laws which they did not enact and cannot repeal.

As the result of this system great abuses have arisen and politics has become a synonym for corruption.

The people have seen these abuses, but being disfranchised on all legislative questions, have been unable to provide a remedy. They have become divided into parties and factions contending with each other in regard to the legislation needed. They have overlookt the fact that under our system of government they have power neither to enact legislation which they desire nor to prevent legislation to which they are opposed.

In search for relief the people have turned from one party to another, and have organized new parties without number.

But all such efforts have been fruitless, and must continue so to be as long as the people are disfranchised. They must be invested with the power to make their own laws before they can have laws made in their own interest.

That we may have a government conducted in the interests of the people and which will provide for the peace, prosperity, morality and happiness of the entire nation, we must have a government which is in fact of the people, by the people and for the people, and in which the people shall rule.

We, therefore, reserving to ourselves the right to our individual opinions on all questions of legislation, unite for the accomplishment of this end—the enfranchisement of the American people and the establishment of a government in which the will of the people shall be supreme. And to this we pledge our united labors.

And we invite all persons who believe in the principles of liberty and the declaration of independence to unite in support of the following

Platform.

Direct legislation under the system known as the initiative and referendum.

Under the "initiative" the people can compel the submission to themselves of any desired law, when, if it receives a majority of the votes cast, it is thereby enacted.

Under the "referendum" the people can compel the submission to themselves of any law which has been adopted by any legislative body, when, if such law fails to receive a majority of the votes cast, it will be thereby rejected.

National Committee.

R. S. Thompson, chairman, Springfield, O.; J. M. Dunlap, vice-chairman and treasurer, Franklin, Ind.; A. G. Eichelberger, temporary secretary, Baltimore, Md.; Thos. Evans, North Tonawonda, N. Y.; Jay G. Wait, Sturgis, Mich.; Sheridan Webster, St. Louis, Mo.; F. A. Naille, Colwyn, Pa.; Asa Taylor, Omaha, Neb.; W. J. Seelye, Wooster, O.

Practical Points.

A bill has been presented to the Legislature of North Dakota authorizing the forming, in each county, of a commission of three physicians, who are to pass upon the physical and mental fitness of candidates for marriage before license is granted.

Blood is life. Iron is necessary to normal blood. For ages the problem has been, how can poor blood be best supplied with its normal amount of iron? Go to the slaughter-house and drink a cupfull of blood every day. Perhaps this is the best way, but how many of your patients can do it? The next best thing is to take Sanguiferrin. It is made from bovine blood, and in order to still further enrich it, iron and manganese are added. Then you have iron in both organic and inorganic form, and manganese, the efficient co-worker of iron.

Dr. H. E. Woodbury, of Washington, D. C., has used Terraline extensively and with satisfactory results in pulmonary affections resulting from grip, and in cases of lowered vitality, anemia and imperfect nutrition. His patients have found it to be "tasteless and in no way unpleasant."

In diphtheria, scarlatina and all septic conditions, don't forget to use hydrozone or glycozone. Use it in every suspicious sore throat. Send to Charles Marchand, 28 Prince street, New York, N. Y., for 240-page book—free.

To establish popularity with the ladies and children, use pleasant laxatives. The most charming one ever devised is Fikulax, illustrated on our titlepage. It looks like a box of chocolate candy. They are delicious and efficient.

For abdominal supporters, uterine supporters, trusses, elastic stockings, etc., always see the advertisement of G. W. Flavell & Bro., and write to them concerning all such matters. The long and creditable history of this firm gives a basis for absolute confidence.

In April many of your patients need a tonic. Don't forget Fellows' Hypophosphites.

Was called September 12, and found patient, F. N., solicitor, æt. twenty-eight, suffering with acute articular rheumatism; he could not move without suffering the most excruciating pains; temperature 104 degrees. Prescribed Hymosa, teaspoonful doses every three hours. On morning of September 14th the patient was much better, the pains were diminisht and the temperature 100 2-5 degrees. Called in haste September 15; patient worse again, new joints being affected. Continued Hymosa every two hours. Next day found him again progressing nicely, the improvement continuing, and within a week he was again able to go to work.

The Dolomol Compounds include some thirty distinct dusting powders of definite medication, and are to be prescribed in the place of ointments of the same medication. Write Pulvola Chemical Co., 100 William street, New York, for list, literature and sample.

On account of its anodyne properties and its strong eliminative action, Tongaline is particularly indicated in nervous headache. Tongaline will not only give prompt relief, but it eventually overcomes all tendency to the trouble.

Don't wait until you have tried everything else before you use Eskay's Food. As this Food, according to clinical reports, agrees with a larger proportion of babies than any other food before the medical profession to-day, it will pay to try it first. As a nourishment to sustain patients in the course of grip and other acute diseases it has no equal.

J. P., male; æt. 60; blood-poisoning with chemical used for dyeing, manifesting itself in a rupia-like eruption and general malaise. Iodia promptly eliminated the morbid matter.

Allegheny, Pa. A. ZIEGLER, M. D.

W. A. BAKER, M. D., Clark's Mills, Pa., says: "I have had occasion to try Celerina, and am highly pleased with the results. I have used it with markt success in nervous prostration. A lady, 64 years of age, of nervous temperament,

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was stricken down with congestion of the right lung. After the congestion disappeared, her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using Celerina, and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition.

Micajah's Medicated Uterine Wafers have become a factor in the treatment of vaginitis, leucorrhea, cystitis, etc. Owing to the antiseptic and astringent action of these wafers, they are of service in the treatment of catarrh and all affections of the mucous membranes.

Read the page of I. O. Woodruff & Co., and you will find three very useful aids in your practice.

How many patients have you who need cod-liver oil but can't take it? Your duty now is to give them the benefit of Angier's petroleum emulsion. Have you tried it yet on a single patient? If not, see page iii and request a sample.

See the page occupied conjointly by the Peacock Chemical Co. and the Sultan Drug Co.

Hydroleine is a hydrated oil. Some years ago we understood that one physician in Jersey City had prescribed 1700 bottles of it. We do not know what his record is at this time, but the record just mentioned indicates much in favor of hydroleine.

See opposite Contents for "bone marrow treatment."

Did you ever get real, tangible results from pepsin? Caroid gives positive results. See advertisement and send for proofs.

California fig syrup=the household laxative.

See Keith's advertisement and accept their trial offer.

The Kress & Owen nasal douche is simple, effective and inexpensive, that many thousands of them have gone into use in a very short time. Catarrh patients are a nuisance to the general practitioner, because he has not the appliances of the specialist, and cannot do much with this class of patients. Here is where this simple douche comes in and the liquid that they prepare, also. Serve both your patient and yourself by using this method.

For instruments, see the advertisement of Geo. C. Frye. It will pay you.

Don't be frightened by the word dynamite in large type at the heading of Sharp & Dohme's advertisement.

For "tasteless cod-liver oil," see Wampole's advertisement.

See advertisement of Lentz's hot-air apparatus, and send to this reliable firm for anything in the surgical instrument line.

When turning thru the advertising pages, the advertisement of the Henry Pharmacal Co. is so different from all others that it will arrest immediate attention. Stop until you get the full meaning of it.

Phytoline must be an efficient and satisfactory

(*Continued on next page.*)

"In time of peace, prepare for war."

Now is the time to prepare for the next gold standard panic. It it sure to come. Panics of varying degrees of severity have been very frequent since 1873, and as the same financial system that produced them still continues, panics will continue from time to time until a better system is adopted. What will the new system be? The people will not endure many more panics. The next panic will perhaps so arouse the people that they will be sure to demand a new system. Many honest and earnest citizens fear the free coinage of silver. The present system won't do. Then what will we turn to? **"Rational Money"** is a book that presents a system fair and just to both the gold and silver interests, and to all other interests. Get this book and read it *now*, and have all of your friends to read it, and thus prepare for the coming storm. Price, 25 cts. Address,

THE MEDICAL WORLD,
1520 Chestnut Street,
Philadelphia, Pa.

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remedy for obesity, or the proprietors would not advertise it year after year. If "the proof of the pudding is in the eating," here is the proof. Do you use it?

For medicine cases, and a safety bottle for acids, see advertisement of the Western Leather Manufacturing Co.

For a pocket instrument case, see Isaac Phillip's advertisement.

A very ingenious volatilizer and inspirator was advertised last month. Did you see it? If not, write to Huston Bros., 113 Adams street, Chicago.

What battery do you use? Do your liquid cells get out of order? Have you tried the chlorid of silver dry cell? See advertisement.

What do you do for your diabetic patients? See advertisement of crystallose.

See full page of Mercer Chemical Company in this issue. You will find it to your interest to communicate with them.

A physician of extensive practice writes: "My sister, Mrs. M., had been under treatment during ten years for chronic bronchitis without definite improvement. She was extremely weak and emaciated and had frequent paroxysms of coughing with copious, opaque, yellowish expectoration streaked with blood. There was pronounced angina, with a sense of weight and tightness across the chest. About six weeks ago I began administering a Petroleum Emulsion made by the Angier Chemical Company, of Boston, in teaspoonful doses mixt with two ounces of milk. In three days the cough entirely vanisht and the pulse became full and regular. In six weeks she has gained eighteen pounds and declares herself cured. This is only one case among many."

PHYSICIANS

MAKE YOUR OWN COMPOUND Syrup of the Hypophosphites by using Ralph's Concentrated Hypophosphites.

One pint bottle costs, net, $2.00. One pint added to one gallon of Simple Syrup makes nine pints of finished Compound Syrup of Hypophosphites, each fluid drachm of which will contain 1-64 gr. of Strychnia, together with Hypophosphites, Iron and Quinine. This Syrup when finished, you will find equal to any make. It will not mold, sour or precipitate. Sold by the Drug trade everywhere, or sent direct (express paid), on receipt of price. Address John D. Park & Sons Co., Cincinnati, Ohio, Sole Agent for the U. S.

PLANTEN'S
PERLOIDS
REGISTERED TRADE MARK.
OF
SANDAL OIL

OR IMPROVED FRENCH "PERLES"

List No. 421A,	5 minims capacity	40 in vial,	per dozen,	$ 4.75
" 421B,		80 "	"	9.00
" 421C,		100 "	"	10.20

H. PLANTEN & SON, Manufacturers of Superior Filled and Empty Capsules
ESTABLSHED 1836 NEW YORK, N. Y.

McINTOSH
BATTERIES
ARE ALWAYS
STANDARD.
SEND FOR CATALOGUE.
521-531 WABASH AVE.
CHICAGO.

PERTINENT, PRACTICAL POINTS.

Pixine AN UNQUENT

Presenting Tar, Turpentine, Burgundy Pitch and Beeswax, in an Oleaginous base.

Stimulating Non-Irritant Antiseptic Detergent

which favors early union, imparts vitality to young granular tissue and promotes absorption of cicatrix.

INDICATIONS

For all Cuts, Bruises, Contused and Lacerated Wounds, Syphilitic and Indolent Ulcers, Carbuncles, Boils, Burns, Ulcerated or Inflamed Cervix, Psoriasis, and other Chronic Inflammatory Skin Diseases.

A postal to us brings you sufficient PIXINE and particulars to establish its merits. **TROY MEDICAL CO.,** TROY, N. Y.

MONEY REFUNDED IF PATIENT IS NOT PLEASED.

THE NATURAL BODY BRACE

Cures "Female Weakness" and all Displacements of Internal Organs.

THE DOCTOR'S STRONGEST ALLY.

Endorsed by Every Physician Who Has Used It. Adjustable to Fit all Figures. Simple in Construction.

Ninety-eight per cent. of its wearers pleased. Thousands of them write like this:

"I am wonderfully improved. Can walk, eat, sleep and work with comfort. Was miserable before using Brace, with falling womb, pains all through abdomen, painful menstruation, constipation, poor circulation, stomach troubles, etc. I cannot say enough in praise or thanks for the Brace. All who have gotton Braces here are much pleased with them. The inventor ought to have a monument erected to him as a lasting testimonial."

Mrs. L. W. Tryon,
West Haven, Conn.

Send for Illustrated Pamphlet with Full Information and Physicians Discounts. Address

THE NATURAL BODY BRACE CO.,
Box 12, SALINA, KANSAS.

Every Pregnant Woman Should Have This Brace.

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Always the same A standard of antiseptic worth

Listerine.

LISTERINE is a non-toxic, non-irritating and non-escharotic antiseptic, composed of ozoniferous essences, vegetable antiseptics and benzo-boracic acid.
LISTERINE is to make and maintain surgical cleanliness in the antiseptic and prophylactic treatment and care of all parts of the human body.
LISTERINE is invaluable in obstetrics and gynæcology as a general cleansing, prophylactic, or antiseptic agent.
LISTERINE is useful in the treatment of the infectious maladies which are attended by inflammation of accessible surfaces—as diphtheria, scarlet fever and pertussis.
LISTERINE diluted with water or glycerine speedily relieves certain fermentative forms of indigestion.
LISTERINE is indispensable for the preservation of the teeth, and for maintaining the mucous membrane of the mouth in a healthy condition.
LISTERINE is of accurately determined and uniform antiseptic power, and of positive originality.
LISTERINE is kept in stock by all worthy pharmacists everywhere.

Lambert's Lithiated Hydrangea.

A valuable renal alterative and antilithic agent of marked service in the treatment of Cystitis, Gout, Rheumatism, and diseases of the Uric Diathesis generally.

LITERATURE UPON APPLICATION.

Lambert Pharmacal Company, St. Louis.

ECZEMA

Whether acute or chronic, or in the erythematous, papular, vesicular or pustular stages, or in any combination of these, can be readily arrested and cured—*not suppressed*—by daily applications of Pineoline. This ointment allays the burning and itching, reduces the area of infiltration, macerates and exfoliates the scales and crusts, and hastens desquamation. Endorsed and exclusively prescribed by physicians who have given it a thorough trial. Please specify Pineoline (Walker.) All druggists.

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DANIEL'S CONCT. TINCT.

Passiflora Incarnata

An invaluable aid in eradicating the MORPHINE, OPIUM, CHLORAL, COCAINE and WHISKY HABITS.

WRITE FOR LITERATURE

JNO. B. DANIEL, Atlanta, Ga.

FOR SALE BY LEADING WHOLESALE DRUG FIRMS OF THE UNITED STATES

SANMETTO FOR GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

SPECIALLY VALUABLE IN
PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. **OD CHEM. CO., NEW YORK.**

The Little Daisy Pocket Aseptic Case

CONTAINS:

1 Male and Female Catheter, 1 Metacarpel Saw, 1 Sharp Bistoury, 1 Scalpel, 1 Tenotome, 1 Hæmastatic and Artery Forceps combined, 1 Gross Ear Pick, 1 pair Plain Forceps, 1 Director, 1 pair Probes, Eye and Spear, 1 pair Scissors, 1 Exploring Needle, 1 Artery and Needle Forceps combined, Needles, Silk, Wire and Wax.

LIST PRICE, $15.00 **NET, $6.25**

ISAAC PHILLIPS'

CUT RATE

INSTRUMENT HOUSE

ESTABLISHED 30 YEARS

Full Line of Surgical Instruments

Always on hand.

ISAAC PHILLIPS

8 Peachtree Street, - ATLANTA, GA.

Write for Price List.

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The original, the only genuine Perfected and Tasteless Preparation of Cod Liver Oil is Wampole's. All others are imitations.

Since its introduction to the profession twelve years ago, the demand has steadily increased and is steadily increasing.

Why? Because, **it is** what we have always claimed it to be, and because it will **do** what we have always claimed it will do.

It is known and can be found in every section of the globe.

Wampole's preparation is a solution of the combined alkaloidal and other active medicinal principles, obtainable from one-fourth its volume of pure Cod Liver Oil, the oily and fatty portion being entirely eliminated. These principles are extracted from the oil while it is yet contained in the fresh Cod Liver, and combined with Extract of Malt, Fluid Extract Wild Cherry and Syrup of Hypophosphites Compound (containing Lime, Soda, Potassium, Iron, Manganese, Quinine and Strychnia).

It is exceedingly valuable in Chronic Bronchitis, all Pulmonary Affections or Nervous Disorders due to, or maintained by, an exhausted condition of the system.

Impartial investigations and observations made by most reputable physicians, have proven that Wampole's Preparation creates an appetite and in no wise impairs digestion or deranges the stomach.

SEND FOR DESCRIPTIVE LITERATURE.
IT WILL INSTRUCT AND INTEREST YOU

WHEN PRESCRIBING, BE SURE TO SPECIFY OL. MORRHUAE COMP.
WAMPOLE'S

No miracle can be expected

But your cases of skin disease will respond beautifully to treatment with the right Dolomol Compound. Which one you must judge.

They are the drugs you use every day only they are in powder form. If you use Ichthyol in your Eczema cases you will be better pleased with

DOLOMOL-ICHTHYOL

Write for the Book and a Sample of DOLOMOL-ICHTHYOL, 10 per cent.

FREE FROM THE OBJECTIONS COMMON TO THE OINTMENTS AND WATERY PREPARATIONS, AND SO ON DOWN THE LINE.

PULVOLA CHEMICAL CO.
100 William St., New York.

Trade supplied by Smith, Kline & French Co., Phila., Pa.

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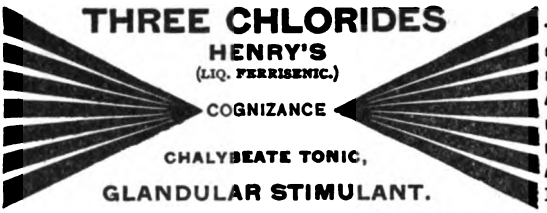

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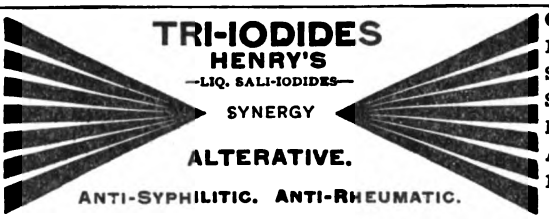
PROTO-CHLOR. IRON, 1-8 gr
BI-CHLOR. MERCURY, 1-128 gr
CHLORIDE ARSENIC, 1-280 gr
CALISAYA ALK. CORDIAL.
ADJUVANT TO IODIDES.
12 OZ. BOTTLE, $1.00.

TONIC,
STOMACHIC,
HÆMATINIC,
ANTI-SCORBUTIC,
RECONSTRUCTIVE.
IN CHLOROSIS
AND ANÆMIA.
DOSE—1 to 2 drachms.



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VISCERAL DISTURBANCES,
URIC ACID SOLVENT,
RELIABLE ELIMINANT IN
DIATHETIC DISEASES,
EXERCISES A SYNERGISTIC
EFFECT OVER THE RANGE OF
THE SALICYLATES & IODIDES

COLCHICIN, 1-20 grain.
DECANDRIN, 1-10 grain.
SOLANIN, 1-3 grain.
SODA SALICYLATE, 10 grs.
IODIC ACID, 7-32 gr. IODINE.
AROMATIC CORDIAL.
1 to 2 drachms, in water.
8-oz. Bottle, $1.00.

IN GENITO-URINARY
DISEASES, CYSTITIS,
INCIPIENT DIABETES,
LITHÆMIA, URETHRITIS,
AND ALL INFLAMED CON-
DITIONS REQUIRING A
NON-IRRITATING DIURETIC.
8-OZ. BOTTLE, $1.00.

NASCENT
CHEMIC UNION OF
MAIZENIC ACID—
from Green Corn Silk—
WITH LITHIUM, *forming*
MAIZENATE-LITHIUM.
Two grains to drachm.
DOSE—1 to 2 drachms.

LITERATURE ON APPLICATION. HENRY PHARMACAL COMPANY. LOUISVILLE, KY

Laxative Logic

To induce catharsis without the objectionable sequalæ common to a majority of laxatives, no remedy responds to the need of the physician with more satisfaction and celerity than SYRUP OF FIGS. As made by the California Fig Syrup Co. from the highest grade Alexandria Senna, SYRUP OF FIGS has achieved a potency and recognition as an agent of established therapeutic worth. There is no preparation that simulates Nature so well in its effect. No other is better suited to the permanent relief of intestinal inactivity, a functional derangement directly responsible for the condition described as constipation. Its gentle effect upon the intestinal mucous membrane and the natural peristalsis which follows the administration of SYRUP OF FIGS gives to it a unique value as a laxative, and suggests its adaptability to women and children because of its agreeable taste and persuasive action. It is invaluable to persons who through infirmity or occupation are committed to a sedentary life. It is *simple*, *safe* and *reliable*, and possesses the particular merit that its use does not induce the cathartic-taking habit, and in all cases where a laxative is indicated it is a help and not a hindrance.

SPECIAL INVESTIGATION IS SINCERELY INVITED.

"Syrup of Figs" is never sold in bulk. It retails at fifty cents a bottle, and the name of "Syrup of Figs," as well as the name of the "California Fig Syrup Co," is printed on the wrappers and labels of every bottle.

CALIFORNIA FIG SYRUP CO., SAN FRANCISCO; LOUISVILLE; NEW YORK.

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TERRALINE

NUTRITIVE
STIMULANT

A Purified Petroleum Product Possessing Palliative Properties Particularly in the various forms of Pneumonosis.

Promotes Normal Action

TONIC

of Glandular, Digestive and Eliminating Areas. Encourages Resolution and Restrains Undue Waste,

Being Rapidly Assimilated

RESOLVENT
REGENERANT

it is PROMPTLY CURATIVE in cases of SYSTEMIC DEPRESSION, accompanied by Faulty Action of Digestive Secretions,

.....it is **Indicated** wherever

Can be Confidently Employed in

ANAEMIA
BRONCHITIS
Convalescence
GRIPPE
PHTHISIS
Etc.

the vital powers are enfeebled or recuperation is slow.

In sequelæ of Grippe it is uniformly beneficial. Its healing influences in Inflammatory Conditions of Respiratory tract are EXCELLENT.

In Anæmia it Makes Blood.

SAMPLES AND LITERATURE UPON APPLICATION TO THE HILLSIDE CHEMICAL CO., NEWBURGH, N. Y.

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PREVENT ACCIDENTS.—Very many physicians make it a routine rule to administer ALETRIS CORDIAL in teaspoonful doses four times a day to all of their pregnant patients for several weeks during the latter part of gestation. Experience has taught them that ALETRIS CORDIAL not only prevents miscarriage, but also facilitates parturition.

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SOME MEDICAL CULLINGS

Two Reliable Remedies Combined

We meet with many cases in practice suffering intensely from pain, where from an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeine, and when assisted by antikamnia, its action is all that could be desired.

In the grinding pains which precede and follow labor, and the uterine contractions which often lead to abortion, in tic-douloureux, brachialgia, cardialgia, gastralgia, hepatalgia, nephralgia and dysmenorrhœa, immediate relief is afforded by the use of this combination, and the relief is not merely temporary and palliative, but in very many cases curative. The most available form in which to exhibit these remedies is in Antikamnia and Codeine Tablets, each containing 4½ grains Antikamnia and ¼ grain Sulph. Codeine.

In pulmonary diseases this tablet is worthy of trial. It is a sedative to the respiratory centers in both acute and chronic disorders of the lungs. Cough, in the vast majority of cases, is promptly and lastingly relieved, and often entirely suppressed. In diseases of the respiratory organs, pain and cough are the symptoms which especially call for something to relieve; this combination does this, and in addition controls the violent movements accompanying the cough, and which are so distressing.

The Sensible Treatment of La Grippe

The following suggestions for the treatment of La Grippe will not be amiss at this time when there seems to be a prevalence of it and its allied complaints. The patient is usually seen when the fever is present, as the chill, which occasionally ushers in the disease, has generally passed away. First of all, the bowels should be opened freely by some saline draught. For the severe headache, pain and general soreness, give a five grain Antikamnia Tablet, crushed, taken with a little whiskey, water or wine, or if the pain is very severe, two tablets should be given. Repeat every two or three hours as required. Often a single ten grain dose is followed with almost complete relief. If after the fever has subsided, the pain, muscular soreness and nervousness continue, the most desirable medicine to relieve these and to meet the indication for a tonic, are Antikamnia and Quinine Tablets, each containing 2½ grains Antikamnia and 2½ grains Quinine. One tablet three or four times a day will usually answer every purpose until health is restored. Dr. C. A. Bryce, Editor of "*The Southern Clinic*," has found much benefit to result from five grain Antikamnia and Salol Tablets in the stages of pyrexia and muscular painfulness, and Antikamnia and Codeine Tablets are suggested for the relief of all neuroses of the larynx, bronchial as well as the deep seated coughs, which are so often among the most prominent symptoms. In fact, for the troublesome coughs which so frequently follow or hang on after an attack of Influenza, and as a winter remedy in the troublesome conditions of the respiratory tract there is no better relief than one or two Antikamnia and Codeine Tablets slowly dissolved upon the tongue, swallowing the saliva.

Douche in Nasal Catarrh

℞ Antikamnia and Codeine Tablets, No. xxiv.

Sig.:—Dissolve six tablets in a pint of tepid water and use one-third as a douche three times a day. Shake well before using.

DYNAMITE!!!

Is an annihilator. So is Nitroglycerin. It

BREAKS UP ASTHMA

ALMOST MAGICALLY

Combined with Strychnine and Morphine it is the most successful, because the most rational physiological treatment of the asthmatic paroxysm. The attack is jugulated at once. Our hypodermic tablets of

Nitroglycerin . .	1-100 gr.	or	Nitroglycerin . . .	1-50 gr.
Strychnine Sulph. .	1-100 gr.		Strychnine Sulph. . .	1-50 gr.

Nitroglycerin . . . 1-50 gr.
or Strychnine Sulph. . . 1-50 gr.
Morphine Sulph. . . 1-20 gr.

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Because the salts entering its composition are absolutely neutral and chemically pure; its standard of strength is constant, and its action will not create nausea, so frequently attending the administration of the commercial salts. It is a scientific blending of the five bromides of Potassium, Sodium, Ammonium, Calcium, and Lithium, each fluid drachm representing fifteen grains of the combined salts. In this form the bromide treatment may be employed with the best possible results, and the least possible evil effects.

DOSE: ONE OR TWO TEASPOONFULS THREE OR FOUR TIMES A DAY, AS INDICATED.

CHIONIA.

AN INNOVATION IN HEPATIC STIMULATION.

Acting purely as an hepatic stimulant without producing severe catharsis, its physiological action is gradual but certain. It stimulates portal circulation, and strengthens the lymphatics. This makes it a valuable addition in the general treatment of all diseases in which the liver has become sluggish. As a clinical test for the above facts, administer Chionia in connection with your tonic treatment, and note the largely increased action of the tonic.

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SAFE AND RELIABLE IN ALL

HEART TROUBLES.

DOSE: One pillet every hour, or less frequent, as may be necessary.

SAMPLE MAILED FREE TO PHYSICIANS.

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DIGESTIVE SECERNENT

Increases the amount and quality of the digestive fluids, thus improving

DIGESTION.

DOSE: A teaspoonful before meals. The dose before breakfast preferably taken in tumbler hot water.

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